

# Self-Finance Seat

## ADMISSION FORM FOR TWO YEARS LHV DIPLOMA COURSE AT PUBLIC HEALTH SCHOOLS UNDER PHSA NETWORK, SESSION 2023-25

Photos 3x3

Application No. \_\_\_\_\_

### **Section 1:**

Name as in Matric Certificate \_\_\_\_\_

Father Name \_\_\_\_\_

<b>Marital Status/single</b>		<b>Married</b>		<b>Other</b>	
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CNIC 

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Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion \_\_\_\_\_ Domicile \_\_\_\_\_

Address \_\_\_\_\_

Personal Mobile No: \_\_\_\_\_ Father Mobile No: \_\_\_\_\_

Guardian Mobile No: \_\_\_\_\_ Father's Occupation \_\_\_\_\_

### **Section 2:**

Examination	Year	M/Obtained	Total Marks	Grade	School/College/Attended last
Matric (Science)					
FSC (Pre-Medical)					

### **Section 3:**

I hereby certify that the entries made in this application form are correct according to the best of my knowledge. In case of any mistake/missing in my application form I will be responsible for all consequences.

Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

I certify that Mst. \_\_\_\_\_ D/O \_\_\_\_\_ is applying for 2 years LHV diploma course admission with my prior permission.

Date \_\_\_\_\_

Father /Husband/Guardians Signature \_\_\_\_\_