Regular Seat

ADMISSION FORM FOR TWO YEARS LHV DIPLOMA COURSE AT PUBLIC HEALTH SCHOOLS UNDER PHSA NETWORK.

Photos 3x3		_			
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Арј	olication No			SESS	SION 2	2024-2	<u>6</u>						_		Ph	otos 3
	Applied For:	Regul	ar Seat		Mi	inority	Quota	ı		D	isabl	e Qı	ıota			
Sec	tion 1:															
Nar	ne as in Matric Certi	ficate														
Fat	her Name															
	Marital Status/singl	le		Marri	ied		C	Other								
CN	IC No.		<u> </u>	_								-				
Dot	e of Birth				N	otional	itsz			-						
	e or Birtii						•									
	nicile															
	lress															
	sonal Mobile No:															
Gu	ardian Mobile No:				F	Father's	Occi	ıpatic	n							
Sec	tion 2:															
	Examination	Year	M/Obta	ained	Total	Marks	Gra	de	Sch	ool/C	olleg	ge/A	tten	ded la	ast	
	Matric (Science)															
	FSC (Pre-Medical)															
Sec	tion 3:															_
	reby certify that the of any mistake/mis													f my	know	edge. Ir
Dat	e						Appl	icant	Sigr	nature	: <u></u>					
I ce	rtify that Mst rse admission with n	ny prior	permissio	D/ on.	Ο				is ap	plyin	g for	2 ye	ears	LHV	diplo	oma

Father / Husband / Guardians Signature _____

Date__