

Attach two photographs with
STAPLER attested from backside



GULAB DEVI EDUCATIONAL COMPLEX

FEROZEUPUR ROAD, LAHORE – PAKISTAN

Ph. No. +92 42 3518040, +92 42 99230247, (Ext. 3091 – 99), +92 333 444 3356

www.gdec.edu.pk

Email: admission@gdec.edu.pk

Paste 1 Photograph,
attested from front

(There should be NO stamp
mark on face)

ADMISSION FORM

CHOOSE & TICK PROGRAM APPLYING FOR SESSION _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Post Graduate Diploma | <input type="checkbox"/> Pharm D | <input type="checkbox"/> DPT | <input type="checkbox"/> BS HND |
| <input type="checkbox"/> BSc Allied Health Sciences | <input type="checkbox"/> BS Microbiology | <input type="checkbox"/> BS Biochemistry | <input type="checkbox"/> BS Biotechnology |
| <input type="checkbox"/> BS Psychology | <input type="checkbox"/> BS Chemistry | <input type="checkbox"/> BS Zoology | |
| <input type="checkbox"/> 1 & 2 Years Diploma in Paramedics | | <input type="checkbox"/> Other _____ | |

ONLY FOR BSC ALLIED HEALTH SCIENCES STUDENTS, SELECT DISCIPLINE PRIORITY VISE

- | | |
|--|-----------------------|
| <input type="checkbox"/> Medical Laboratory Technology | 1 st _____ |
| <input type="checkbox"/> Cardiac Perfusion Technology | 2 nd _____ |
| <input type="checkbox"/> Respiratory Therapy | 3 rd _____ |
| <input type="checkbox"/> Emergency & Intensive Care Technology | 4 th _____ |
| <input type="checkbox"/> Operation Theatre Technology | 5 th _____ |

ONLY FOR PARAMEDICAL SCIENCES STUDENTS, CHOOSE & TICK DISCIPLINE OF YOUR INTEREST:

- | | |
|--|---|
| <input type="checkbox"/> Medical Laboratory Technology | <input type="checkbox"/> Operation Theatre Technology _____ |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Radio & Imaging Technology _____ Other _____ |

FILL FORM IN CAPITAL LETTERS

- Student Full Name _____
- Mother Name _____ Student CNIC _____
- Father Name _____ Father CNIC _____
- Date of Birth _____ Marital Status _____ Blood Group _____ City _____
- District of Domicile _____ Student Cell No. _____
- Father Cell No. _____ Residence No. _____
- Present Address _____

- Permanent Address (In case of same address, please write "As Above") _____

- Particular of Qualification

Qualification	Roll No.	Registration No.	Marks Obtained	Total Marks	No. Of Attempts	College / University
SSC / Matric / O-Level or Equivalent						
HSSC / FA / FSc. / A-Level or Equivalent						
BSc. / BS (Hons) / MBBS / or Equivalent						
Post Graduate Diploma and Degree						
Any Other						

ONLY POST GRADUATE FOR STUDENTS (DIP. CARD, D.T.C.D.) FILL THIS SECTION

Experience	Specialty	Period	Institution	Head of Department
House Job				
Registrar				
M.O.				
R.M.O				
Other				

10. Father Occupation

☐ Job☐ Business☐ Unemployed
11. Mother Occupation

☐ Job☐ Business☐ Housewife
12. Father Job TittleMother Job Tittle
13. Family Monthly IncomeNo. of Siblings
14. Detail of any Distinction:
15. Honors or Medal:
16. How did you find us:

☐ Relatives☐ Friends☐ TV / Newspaper

☐ Social Media☐ Google☐ Website☐

DECLARATION

I do hereby declare that the above particulars are correct in every aspect and that I have not concealed anything. I also agree to appear in the entrance examination for the selection of the candidate for the course if decided by the Gulab Devi Educational Complex, Lahore. I also agree that after attending the cou rse for three months, if I do not give satisfactory progress, I may be taken off further courses. Furthermore, I do hereby declare that I shall abide by the rules and regulation of the institute as well as rules and regulations of the relevant university, which are formed from time to time during the course. In case of violation, I may be expelled from the institute and I shall not claim any refund of dues paid by me. I do hereby declare that I am not concealing any information, which debates me from applying for any course in the relevant university.

Dated:

Candidate’s Signature

IMPORTANT INFORMATION REGARDING ADMISSIONS

- ☐ **Pharm-D:** FSc. (Pre Medical) from the board of intermediate and secondary education (As per rule of Punjab University), with at least 60% unadjusted marks..
- ☐ **DPT:** FSc. (Pre Medical) or equivalent (As per U.O.S rules), with at least 55% unadjusted marks.
- ☐ **BSc (Hons) Allied Health Sciences,** Fsc. (Pre Medical) or equivalent (As per University rules), with at least 50% unadjusted Marks.
BS Microbiology, BS Biochemistry, BS Biotechnology, BS Bioinformatics, BS Physiology, BS Chemistry, BS Botany, BS Zoology, BS Psychology, BS Sociology, BS Statistics: Intermediate or equivalent (As per Relevant University rules), with at least 45% unadjusted marks.
- ☐ **BSc (Hons) Human Nutrition & Dietetics:** FSc. (Pre Medical) or equivalent (As per Government College University, Faisalabad rules), with at least 45% unadjusted marks..
- ☐ **Diploma in Paramedical sciences:** Matric (Science) or (As per Punjab Medical Faculty rules), with at least overall 45% unadjusted marks as well as 45% marks in Biology, Chemistry, Physics.

* **Note:** GDEC reserves the right to change fee policy & fee structure at any time without prior notice.

ROLL NUMBER SLIP

Name of Candidate _____ Program Applied For _____

Roll No. _____ Dated _____ Diary No. _____

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

The candidate must tick the documents, which are attached by him/her

- ☐ 5 Latest (Passport Size) Photographs with blue background *(two without attestation, one attested from front side, two attested from back side. Photographs attested from back side, must be attached with stapler on front page of form)*
- ☐ Two attested copies of Candidate’s CNIC / B-Form.
- ☐ Two attested copies of Father’s CNIC.
- ☐ Two attested copies of Matric Certificate.
- ☐ Two attested copies of FSc. (Pre Medical) Certificate.
- ☐ Duly attested affidavit on a judicial paper of Rs. 50/-
- ☐ Rs 1000/- Bank Draft in favor of “**Gulab Devi Educational Complex**” (In Case of Post).
- ☐ No Objection / Migration Certificate from the previous board. *(After admission confirmation except for Lahore Board).*

Signature of Candidate

Left Thumb Impression

Right Thumb Impression

Checked By

Student Name _____

Father Name _____

Program _____ Session _____

Blood Group _____ Card Expiry _____



STUDENT COPY

ROLL NUMBER SLIP

Name of Candidate _____ Program Applied For _____

Roll No. _____ Dated _____ Diary No. _____

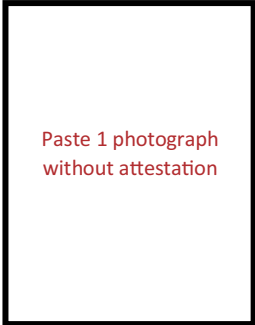
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Signature of Candidate

Checked By



AFFIDAVIT

I _____ son/daughter of _____
resident of _____,
do solemnly affirm and declare into my senses that Gulab Devi Educational
Complex, Lahore has the right to cancel my admission if I do not fulfill the criteria
of eligibility for admission as under:

1. I am the deponent of this undertaking and hence fully conversant with the contents of this undertaking.
2. I have appeared for _____
Examination 20__ session, from _____ (Institution) / Board / University.
3. I will be able to score at least ____% marks as per pre-registration admission requirements of Gulab Devi Educational Complex, Lahore institute of for the degree program of _____.
4. I know the fact that my pre-registration/admission confirmation is subject to the admission criteria /policy which will be announced by government /Concerned University. I shall be bound to comply with the same.
5. I have to deposit Rs. 25,000/- as Pre-Registration processing fee where the amount of Rs. 25,000/- will be refundable if I do not become eligible as per admission policy of GDEC, Lahore/university
6. I will submit the result card / DMC within (15) fifteen days of declaration of respective board results failing which my admission at Gulab Devi Educational complex, in the _____ program shall automatically be considered as cancelled.

STUDENT THUMB IMPRESSION

Name _____ Signature _____

CNIC/B Form No. _____ Date _____

Parent's / Guardian's Name _____

Parent's/Guardian's Signature _____

Parent's / Guardian's CNIC # _____

Verified on oath at _____ on date: _____ that above contents are correct and true to the best of my knowledge and belief and nothing has been concealed

Signature & Stamp of Oath Commissioner _____