

Attach two photographs with STAPLER attested from back

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

SESSION _____

POST MATRIC DIPLOMA OF PARAMEDICAL SCIENCES CHOOSE & TICK DISCIPLINE OF YOUR INTEREST:

- Medical Laboratory Technology Operation Theater Technology Anaesthesia
 Radiology & Imaging Technology Ophthalmic Technology Dispenser Other: _____

FILL FORM IN CAPITAL LETTERS

1. Student Full Name _____
2. Mother Name _____ Student CNIC _____
3. Father Name _____ Father CNIC _____
4. Date of Birth _____ Marital Status _____ Blood Group _____ City _____
5. District of Domicile _____ Student Cell No. _____
6. Father Cell No. _____ Residence No. _____
7. Present Address _____

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

9. Particular of Qualification

Qualification	Roll No.	Registration No	Marks Obtained	Total Marks	%	Board
Matric/ O Level or Equivalent						
Sciences Subject	Subject	Biology	Physics	Chemistry	Total	%
	Obtained Marks					
Other						

10. Father Occupation Job Business Unemployed _____
11. Mother Occupation Job Business Housewife _____
12. Father Job Tittle _____ Mother Job Tittle _____
13. Family Monthly Income _____ No. of Siblings _____
14. Detail of any Distinction : _____
15. Honors of Medal : _____

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 course 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 ADMISSION

- Diploma in Paramedical sciences:** Matric (Science) or with at least overall 45% unadjusted marks as well as 45% marks in Biology, Chemistry, Physics.

DRAFT OF AFFIDAVIT

I, Mr./Miss _____ S/o/D/o: _____

holder of NIC #: _____ resident of: _____

_____ do hereby solemnly affirm and

declare as under:

That all copies of the certificates attached with my application form are genuine and I shall be responsible for any discrepancies that are arisen later on. I also declare that after attending the course for three months if I do not give satisfactorily progress I may be taken off further Course. Furthermore, I do hereby declare that I shall abide by the rules & regulations of the institute as well as rules and regulation of 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 the dues paid by me. Moreover, the particulars which I have given in my application form are correct to the best of knowledge & belief. I also hereby declare that I am not concealing any information which prohibits me from applying for this course in any institute affiliated with the relevant university. I also agree with the rules that admission will be finalized after the enrolment by relevant university. In case, relevant university objects, rejects or cancels the admission, the institute will not be responsible for any litigation and I shall not claim refund of dues paid by me.

Signature of Candidate: _____

Verified on Oath at _____ on Dated: _____ that above contacts are correct and true to the best of my knowledge and belief and nothing has been concealed.

Signature & Stamp of Oath Commissioner: _____