

GULAB DEVI EDUCATIONAL COMPLEX

FEROZEUPUR ROAD , LAHORE – PAKISTAN



15. Honors of Medal

ADMISSION FORM

Paste 1 Photograph, attested from front

(There should be no stamp mark on face)

						SESSION		
POST MATRIC DIPLOMA OF PARAMEDICAL SCIENCES CHOOSE & TICK DISCIPLINE OF YOUR INTEREST:								
☐ Medical Lab	☐ Medical Laboratory Technology ☐ Operation Theater Technology ☐ Anaesthesia							
_	Radiology & Imaging Technology Dophthalmic Technology Dispenser Other:							
FILL FORM IN CAPITAL LETTERS								
1. Student Full Name								
2. Mother Name	2. Mother Name			Student CNIC				
3. Father Name	Father Name			ther CNIC				
4. Date of Birth	. Date of Birth Marital Status			ood Group	City			
5. District of Do	. District of Domicile			udent Cell No.				
6. Father Cell N	Father Cell No.			sidence No				
7. Present Addr	7. Present Address							
8. Permanent A	8. Permanent Address (In case of same address, please write "As Above")							
9. Particular of	9. Particular of Qualification							
Qualification Matric/ O Level or	Roll No.	Registration No	Marks Obtained	Total Marks	%	Board		
Equivalent								
Sciences Subject	Subject Obtained	Biology	Physics	Chemistry	Total	%		
Other	Marks							
Other								
10. Father Occupation								
11. Mother Occup	ation	☐ Job ☐ Bus	siness 🔲 Hous	ewife				
12. Father Job Titt	tle		Mother Je	ob Tittle				
13. Family Monthly Income No. of Siblings								
14. Detail of any Distinction :								

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

Ш	<u>Diploma in Paramedical sciences</u> : Matric (Science) or with at least overall 45% unadjusted marks as well as 45%
	marks in Biology, Chemistry, Physics.

Checked By

ROLL NUMBER SLIP

varie of Calididate		Pro	ogram Applied For			
Roll No	Dated	Dia	ary No			
	INCOMPLETE AI	PPLICATION WILL N	IOT BE ENTERTAINED			
The candidate must tick						
			two without attestation, one at	tested from front side, two		
attested from back :	side. Photographs atteste	ed from back side, must be a	attached with stapler on front pag	ge of form)		
Two attested copies of Candidate's CNIC / B-Form.						
☐ Two attested co						
Two attested co	pies of Matric Certifi	icate.				
Two attested co	pies of FSc. (Pre Med	dical) Certificate.				
Duly attested af	fidavit on a judicial p	paper of Rs. 50/-				
Rs 500/- Bank De	raft in favor of " Gula	b Devi Educational Co	emplex" (In Case of Post).			
No Objection / N	Migration Certificate	from previous board.	(After admission confirmation exc	ept from Lahore Board)		
Signature of Car	ndidate Le† Tl	humb Impression	Right Thumb Impression	Checked By		
		Session _				
Program						
Program		Session _		without attestatio		
Program	ROI	Session Card Expi	R SLIP	STUDENT CO		
Program Blood Group	RO	Session Card Expi	R SLIP Degram Applied For	STUDENT CC		
Program Blood Group	RO	Session Card Expi	R SLIP			
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Signature of Candidate

DRAFT OF AFFIDAVIT

I, Mr./Miss ______ S/o/D/o:____

holder of NIC #:	resident of:				
		do herby solemnly affirm and			
declare as under:					
That all copies of the certificates a	attached with my application	on form are genuine and I shall be responsible for			
any discrepancies that are arisen l	ater on. I also declare that a	after attending the course for three months if I do			
not give satisfactorily progress I n	nay be taken off further Co	urse. Furthermore, I do hereby declare that I shall			
abide by the rules & regulations o	f the institute as well as rule	es and regulation of relevant university which are			
formed from time to time during	the course. In case of viol	ation I may be expelled from the Institute and I			
shall not claim any refund of th	e dues paid by me. More	over, the particulars which I have given in my			
application form are correct to the	best of knowledge & belie	ef. I also hereby declare that I am not concealing			
any information which prohibits i	ne from applying for this c	course in any institute affiliated with the relevant			
university. I also agree with the	rules that admission wi	ll be finalized after the enrolment by relevant			
university. In case, relevant univ	rersity objects, rejects or	cancels the admission, the institute will not be			
responsible for any litigation and	shall not claim refund of d	lues paid by me.			
	Signatur	e of Candidate:			
Verified on Oath at	on Dated:	that above contacts are correct			
and true to the best of my kno	wledge and belief and noth	ning has been concealed.			
	Signature & Stamp of O	ath Commissioner:			