

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

Doctor of Pharmacy

SESSION _____

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	Percentage	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							

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

- Pharm D:** FSc. (Pre Medical) from the board of intermediate and secondary education with at least 60% unadjusted marks.

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 previous board. *(After admission confirmation except from Lahore Board)*

Signature of Candidate

Left Thumb Impression

Right Thumb Impression

Checked By

Student Name _____
Father Name _____
Program _____ Session _____
Blood Group _____ Card Expiry _____



ROLL NUMBER SLIP

Name of Candidate _____ Program Applied For _____
Roll No. _____ Dated _____ Diary No. _____

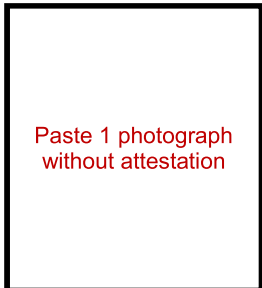
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Signature of Candidate

Checked By



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: _____