

GULAB DEVI EDUCATIONAL COMPLEX

FEROZEUPUR ROAD , LAHORE – PAKISTAN



Paste 1 Photograph, attested from front

(There should be no stamp mark on face)

ADMISSION FORM

☐ Doctor of Phar	macy			S	ESSION						
FILL FORM IN	N CAPITAL I										
1. Student Full Na	ame										
2. Mother Name			Stud	_ Student CNIC							
3. Father Name _	. Father Name Father CNIC										
4. Date of Birth _		Marital St	Bloc	Blood Group City							
5. District of Dom	nicile			Stud	dent Cell No		· · · · · · · · · · · · · · · · · · ·				
6. Father Cell No.				Resi	dence No						
7. Present Addres	ss										
8. Permanent Ad	dress (In cas	se of same addr	ess, please w	vrite "As Ak	oove")						
9. Particular of Q	ualification										
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 Occupa	tion	☐ lop [Business	Unem	nployed						
11. Mother Occupa	ation	☐ Job [Business	☐ House	ewife						
12. Father Job Title	e			Mother J	ob Title						
13. Family Monthl	y Income		No. of Sibl	. of Siblings							
14. Detail of any Di	stinction	:									
15. Honors of Med	al	:									

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.

Candidate's Signature	
	Candidate's Signature

IMPORTANT INFORMATION REGARDING ADMISSION

<u>Pharm</u>	D : FSc	. (Pre	Medical)	from	the	board	of	intermediate	and	secondary	education	with	at	least	60%
unadjus	ted ma	ırks.													

ROLL NUMBER SLIP

Name of	f Candidate	Progr	am Applied For					
Roll No.	Dated	Diary	No					
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	Two attested copies of Father's CNIC. Two attested copies of Matric Certificate.							
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_	Two attested copies of FSc. (I	·						
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	Signature of Candidate	Left Thumb Impression	Right Thumb Impression	Checked By				
St	tudent Name							
F:	ather Name			Deste 4 whategrowth				
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Р	rogram	Session						
В	lood Group	Card Exp	piry					
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— П т	wo attested copies of Father'	s CNIC.		Daata 4 abata wasab				
_ □ ™	wo attested copies of Matric	Certificate.		Paste 1 photograph without attestation				
ш	wo attested copies of FSc. (Pr							
_	uly attested affidavit on a jud	·						
_	Rs 1000/- Bank Draft in favor of "Gulab Devi Educational Complex" (In Case of Post).							
_		ficate from previous board. (After		from Lahore Board)				
			,	•				
_	Signature of Candidate			Checked By				

DRAFT OF AFFIDAVIT

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

holder of NIC #:	resident of:							
		do herby solemnly affirm and						
declare as under:								
any discrepancies that are arisen land not give satisfactorily progress I mabide by the rules & regulations of formed from time to time during shall not claim any refund of the application form are correct to the any information which prohibits runiversity. I also agree with the	ater on. I also declare that a nay be taken off further Counter of the institute as well as rule the course. In case of violate the dues paid by me. Moreous the best of knowledge & believe the from applying for this counter that admission will be rules that admission will	In form are genuine and I shall be responsible for after attending the course for three months if I do arse. Furthermore, I do hereby declare that I shall as and regulation of relevant university which are ation I may be expelled from the Institute and I over, the particulars which I have given in my aff. I also hereby declare that I am not concealing ourse in any institute affiliated with the relevant I be finalized after the enrolment by relevant cancels the admission, the institute will not be use paid by me.						
	Signature	e of Candidate:						
Verified on Oath atand true to the best of my kno	on Dated:	that above contacts are correct						
	Signature & Stamp of Oa	ath Commissioner:						