DRAFT OF AFFIDAVIT

S/o/D/o:__

I, Mr./Miss ____

holder of NIC #:		resident of:
-		do herby solemnly affirm and
declare as under:		
hat all copies of the certificates	attached with my application	form are genuine and I shall be responsible for
ny discrepancies that are arisen	later on. I also declare that aft	er attending the course for three months if I de
ot give satisfactorily progress I	may be taken off further Cours	se. Furthermore, I do hereby declare that I shall
bide by the rules & regulations of	of the institute as well as rules	and regulation of relevant university which ar
ormed from time to time during	the course. In case of violat	ion I may be expelled from the Institute and
hall not claim any refund of the	ne dues paid by me. Moreov	er, the particulars which I have given in m
pplication form are correct to th	e best of knowledge & belief.	I also hereby declare that I am not concealing
ny information which prohibits	me from applying for this cor	urse in any institute affiliated with the relevan
niversity. I also agree with th	ne rules that admission will	be finalized after the enrolment by relevan
niversity. In case, relevant uni	versity objects, rejects or ca	ncels the admission, the institute will not b
esponsible for any litigation and	I shall not claim refund of due	es paid by me.
	Signature of	of Candidate:
Verified on Oath at	on Dated:	that above contacts are correct
and true to the best of my kn	owledge and belief and nothin	g has been concealed.
	Signature & Stamp of Oat	h Commissioner:

GULAB DEVI EDUCATIONAL COMPLEX

FEROZEUPUR ROAD , LAHORE - PAKISTAN

Ph. No. +92 42 3518040, +92 42 99230247, (Ext. 3091 – 99), +92 309 4155550 www.gdec.edu.pk Email: admission@gdec.edu.pk



ADMISSION FORM

PROGRAMS OFFERED IN B.SC. (H) ALLIED HEALTH SCIENCES SESSION (Choose the Program applying for) ■ EMERGENCY & INTENSIVE CARE CARDIAC PERFUSION MEDICAL LAB TECHNOLOGY RESPIRATORY THERAPY OPERATION THEATER TECHNOLOGY OPTOMETRY & ORTHOPTICS ANY OTHER MENTION DISCIPLINE PRIORITY WISE (If interested in more than ONE Disciplines) 1st: 2nd: 3rd:

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

Qualification	Roll No.	Registration No.	Marks Obtained	Total Marks	Percentage	No. Of Attempts	College / University	Board
SSC / Matric / O- Level or Equivalent								
HSSC / FA / FSc. / A-Level or Equivalent								
BSc. / BS (Hons) / or Equivalent								
Any Other								

9. Father Occupation	Opp	Business	Unemployed	100
10. Mother Occupation	☐ Job	Business	Housewife	_
11. Father Job Tittle			Mother Job Tittle	
12. Family Monthly Income		15.	No. of Siblings	-
14. Detail of any Distinction	:	<u></u>		
15. Honors of Medal	:	=		-
				_
		DECLAR	PATION	

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

F.Sc (Pre-Medical) or equivalent or F.Sc (Medical Technology) with at least 60% unadjusted marks.

ADMIN COPY

Checked By

ROLL NUMBER SLIP

	or candidate		Program Applied For	
Roll No	Dat	ed	Diary No.	
		PLETE APPLICATION WIL	enconstruction and the second	
The car		nents which are attached by l	Wood at	
	- N W M		und (two without attestation, one a	
-			be attached with stapler on front po	ige of form)
	Two attested copies of Car			
	Two attested copies of Fat			
	Two attested copies of Ma			
	Two attested copies of FSc	with the character and was self-and the		
	Duly attested affidavit on a	a judicial paper of Rs. 50/-		
	Rs 1000/- Bank Draft in fav	or of "Gulab Devi Education	al Complex" (In Case of Post).	
	No Objection / Migration O	Certificate from previous boa	rd. (After admission confirmation ex	cept from Lahore Board)
	2			7
	Signature of Candidate	Left Thumb Impression	Right Thumb Impression	Checked By
	Signature or Candidate	ceit mumb impression	right mumb impression	checked by
Prog	gram	Session Card E	on	Paste 1 photograph without attestation
Prog	gram	Session Card E	en	
Prog	gram od Group	Card B	ER SLIP	STUDENT C
Prog Bloo	gram od Group f Candidate	Card E	ER SLIP Program Applied For	STUDENT (
Prog Bloo	gram od Group f Candidate	Card E	ER SLIP	STUDENT (
Prog Bloo Name of Roll No.	f Candidate Date: INCOMP didate must tick the docume 5 Latest (Passport Size) Phot	ROLL NUMBE ROLL NUMBE DESCRIPTION WILL CENTER APPLICATION WILL CENTER APPLICATION WILL CONTRACTOR OF THE PROPERTY OF THE	ER SLIP Program Applied For Diary No NOT BE ENTERTAINED m/her nd (two without attestation, one atteste	STUDENT C
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Signature of Candidate