



University of Health Sciences

Khayaban-e-Jamia Punjab, Lahore – 54600, Pakistan
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Website: www.uhs.edu.pk Email: info@uhs.edu.pk, help@uhs.edu.pk

Application Form
for
M.S. / Ph.D. Scholarship

- Incomplete applications shall not be entertained.
- Candidate found to have made false or incorrect statement in this form is liable to expulsion.

Scholarship Program / Discipline

Serial Number

UHS Registration Number (if available)

1 Personal details (Please use CAPITAL letters and write your details EXACTLY as they appear in your documents)

TITLE Mr Mrs Miss Male Female

Full Name [Grid]

National ID Card No. [Grid] Attach Attested Photocopy Married Single

Father's Name [Grid]

Present Mailing Address [Text]

Permanent Address [Text]

E-mail Address [Text] **Mobile** [Text]

Phone [Text] **Fax** [Text]

Religion [Text]

ATTACH PHOTO HERE

[Grid] **Date of Birth** (D D M M Y Y Y Y)

2 Proposed Programme of Study

Discipline in which you wish to study [Text]

Research Interest / Topic [Text]

Programme of Study applied for M.S. Ph.D

Proposed Supervisor (if known) [Text]

3 Educational Qualifications

Title	Examining Board / Institution	Date Awarded	Marks Obtained
Matric/ SSC or Equivalent			
F.Sc./ HSC or Equivalent			
MBBS/ BDS			
MD/ MS /MDS or Equivalent			
FCPS / FRCS / MRCP or Equivalent			
M.Phil			
Other			

4

Work Experience

Job Title	Name of Organization	Date (from)	Date (till)

5

Declarations and signatures

Brief description of research work done so far including title of the project / abstract for not more than 200 words, name of supervisor and institution. (You can use extra sheets if required)

Reasons for choosing this programme of study.

What are your future plans?

Please write a brief statement about your personal interests and hobbies.

Have you ever been convicted? If Yes, give details of all convictions.

6

Publications (if any)

Title of Paper	Journal	Volume	Year	Page(s)

7

Check List

Have You:

- Filled all relevant columns
- Enclosed attested / certified copies of academic transcripts (including certified translation if necessary)
- Intermediate Certificate Matriculation Certificate
- MBBS BDS Or equivalent
- MD MS MDS Or equivalent
- FCPS FRCS MRCP Or equivalent
- M.Phil Or equivalent
- Enclosed certificate of experience from the employer.
- Enclosed a letter of permission from the employer (for employees only).
- Enclosed migration certificate (if graduated from a University other than the University of Health Sciences, Lahore).
- Enclosed a certificate of good moral character.
- Enclosed an attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.

Note:

- All relevant documents must be attached by the candidate with his / her application form.
- No benefit would be given for any document not attached at the time of submitting application or produced after the closing date.
- Applicants shall submit their original documents at the time of interview.

8

Declaration and Signatures

I, solemnly declare that:

I have neither joined nor shall join any other institution during the course of my studies.

I am not suffering from any infectious disease i.e. HIV, Hepatitis B, C etc.

I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.

I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake:

- to abide by the Scholarship Rules / Agreement framed by the University and HEC.
- not to "indulge in politics".
- to accept as binding on me all rules and regulations in force.
- to show good behavior;
- to devote whole-heartedly to my studies and maintain the dignity and prestige of the University / HEC.

Signature of Applicant

Date / /

This section must be completed by your present or former teacher, employer or a person who knows you well, academically and/or socially, whom we can contact for recommendations.

Reference - I

How long have you known the applicant and in what capacity?

What is your opinion of the Applicants suitability for the course chosen?

Please tick appropriately
One tick per row

	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual / Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information that you feel is relevant

Referee's Name

Designation

Address

Signature

Date

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

Reference - II

How long have you known the applicant and in what capacity?

What is your opinion of the Applicants suitability for the course chosen?

Continued...

Please tick appropriately
One tick per row

	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual / Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information that you feel is relevant

Referee's Name

Designation

Address

Signature

Date

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

10 Comments of the Head of Department

Comments of Head of Department about the suitability of candidate for acceptance in department / research program.

Signature of Head of Department

For Office Use Only

11 Evaluation Record

Matric	<input type="text"/>
F.Sc	<input type="text"/>
MBBS / BDS	<input type="text"/>
MD / MS / MDS or Equivalent	<input type="text"/>
FCPS / FRCS / MRCP or Equivalent	<input type="text"/>
M. Phil	<input type="text"/>
Teaching / Research Experience	<input type="text"/>
Interview	<input type="text"/>
Total Merit	<input type="text"/>

Remarks

12 Scholarship

Awarded Scholarship

Yes No

Vice-Chancellor