



HUSSAIN COLLEGE OF HEALTH SCIENCES

ADMISSION FORM

Paste One
Attested
Passport Size
Photograph

Sr. #: _____

Program Applied For: _____

Admission Year: _____ Registration No.: _____
(for office use only)

Student's Name: _____
(as per metric result card)

Father's / Guardian's Name: _____

Student's CNIC #:

					—								—	
--	--	--	--	--	---	--	--	--	--	--	--	--	---	--

Date of Birth: _____ Place of Birth: _____ Gender: Male ☐ Female ☐

Religion: _____ Mark of Identification: _____ Marital Status: Single ☐ Married ☐
(as per CNIC)

Student's Cell No: _____ Father's / Guardian's Cell No: _____

Email: _____ Location: Urban ☐ Rural ☐

Domicile: _____ Nationality: _____ Blood Group: _____

Present Address: _____

Permanent Address: _____

Father's / Guardian's Occupation: _____ Monthly Income: _____

ACADEMIC QUALIFICATION

FOR DEGREE PROGRAM

Qualification	Passing Year	Obtained Marks	Total Marks	Board / University	Percentage
Matriculation					
F. Sc.					

FOR DIPLOMA PROGRAM

Qualification	Passing Year	Obtained Marks	Total Marks	Board / University	Percentage
Matriculation					

Obtained Marks	Total Marks	Obtained Marks	Total Marks	Obtained Marks	Total Marks	Obtained Marks	Total Marks	Percentage
Physics		Chemistry		Biology		Total		

Student's Signature

Date of Admission

ATTACHED DOCUMENTS CHECKLIST

<input type="checkbox"/>	Matriculation Result Card	(08 Copies)
<input type="checkbox"/>	Intermediate Result Card	(08 Copies)
<input type="checkbox"/>	Photographs (Passport Size)	(08 Copies)
<input type="checkbox"/>	Student's CNIC / B Form	(08 Copies)
<input type="checkbox"/>	Father's / Guardian's CNIC	(03 Copies)
<input type="checkbox"/>	Domicile	(03 Copies)
<input type="checkbox"/>	Character Certificate	(03 Copies)
<input type="checkbox"/>	NOC (Other than Punjab)	(03 Copies)

DECLARATION

- (1) I declare on oath & solemnly affirm that if admitted to the college as a student, I shall not indulge in political activities, I shall not bring or keep on person any type of weapon within the college premises and shall not hold a gathering/procession of any kind within the college premises.
- (2) I declare on oath & solemnly affirm that I shall not challenge the findings & decisions of the Head of the Institution / Institute's Disciplinary Committee in case of my expulsion/rustication from the college or cancellation of my admission at any stage whatsoever before any court/tribunal/authority/forum.
- (3) I shall not hold Hussain College of Health Sciences Lahore responsible if I fail to clear my final examination of Respective Program.

Student's Signature / Thumb Impression

Date: _____

Do not write below this line.

FOR OFFICE USE ONLY

Documents: ☐ Complete ☐ Incomplete

Fee Challan: ☐ Paid

Final Decision: _____ Merit No: _____

Admission Incharge

Date: _____



HUSSAIN COLLEGE OF HEALTH SCIENCES

105-Multan Rd,
Near Yateem Khana Chowk,
Lahore, 54000

042 - 37597771
0330 - 4061579
hussaincollege.hchs@gmail.com

HCHS
www.hussaincollege.pk
Hussain College of Health Sciences