



# UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE

Ph: No. 042-9231304-9 Ext. 395, 042-99231075

## CANDIDATE'S DECLARATION:

I hereby solemnly declare and affirm that the information provided by me is true and correct to the best of my knowledge and belief, and nothing has been concealed or withheld herein. I understand that applying for issue the degree without being eligible for it, is a crime and punishable under the criminal act of law.

Name: \_\_\_\_\_

Degree Title: \_\_\_\_\_

UHS Registration No.: \_\_\_\_\_

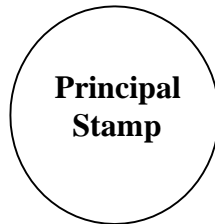
Final Prof. Roll No.: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## APPROVAL FOR DEGREE BY THE PRINCIPAL

I certify that all information and documents provided by the candidate are true and correct to the best of my knowledge and as per this office record. The candidate is completely eligible for the degree he/she has applied for. The candidate is fully authorized to apply for the degree to University of Health Sciences Lahore.



\_\_\_\_\_  
Signature of Principal

Dated: \_\_\_\_\_

\_\_\_\_\_  
Full Name of Principal