



# UNIVERSITY OF HEALTH SCIENCES LAHORE

## JOINING REPORT AND CONSENT FOR STAY FORM IN PRIVATE SECTOR INSTITUTIONS

(To be submitted by the selected candidate)

**UHS Application ID**

--	--	--	--	--	--

I, \_\_\_\_\_ S/D/O \_\_\_\_\_

Resident of \_\_\_\_\_ having been provisionally selected for admission to the **MBBS/BDS** program at \_\_\_\_\_ (College Name)

on \_\_\_\_\_ basis as per the \_\_\_\_\_ Selection List displayed by the University of Health Sciences Lahore on \_\_\_\_\_ (Open/Overseas)

\_\_\_\_\_ (Date), hereby confirm as follows:

1. I have carefully read the admissions rules and regulations of University of Health Sciences, Lahore (UHS) and Pakistan Medical & Dental Council (PMDC) for the session 2025-26.
2. I confirm that I have deposited admission fee amounting Rs. 600,000 (Six Hundred Thousand) in designated account of UHS on \_\_\_\_\_ vide Receipt No. \_\_\_\_\_ (date).
3. I affirm that I have opted for STAY option and deposited the college fee amounting to Rs. \_\_\_\_\_ via pay order/online transaction, as evidenced by Receipt No. \_\_\_\_\_ dated \_\_\_\_\_. This fee has been paid in accordance with **Section 9(3)** of the PM&DC policy for Session 2025-26.
4. I acknowledge that this Joining Report, must be photographed and **uploaded** on the designated application portal to complete the joining process.
5. I am aware that my name appearing in \_\_\_\_\_ is \_\_\_\_\_ (College Name)

provisional subject to verification of my documents and admission process completion by UHS & PMDC.

### **CONSENT FORM**

By signing this form, I hereby provide my informed consent for the STAY option. I understand and accept that this consent, once submitted, shall be final and irrevocable:

#### **Consent for Stay:**

I hereby choose to **STAY** in this College \_\_\_\_\_ (College Name)

and **waive my right** to upgradation in any subsequent Selection List(s) and confirming my retention in this college.

**Name of Candidate:** \_\_\_\_\_ **CNIC No. of Candidate:** \_\_\_\_\_

**Signature left thumb impression of candidate:** \_\_\_\_\_

**Name of Father / Mother/Guardian:** \_\_\_\_\_ **CNIC No.** \_\_\_\_\_

**Signature left thumb impression of Father / Mother/Guardian:** \_\_\_\_\_

#### **College Verification**

Date: \_\_\_\_\_

**Signature of College Authority)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Designation** \_\_\_\_\_

