

Serial Number: _____

Check List / Declaration Form

(Original to be detached and attached with the application)

Please attach clear and legible photocopies of the relevant documents stated below.
The application will be rejected if any of the required documents is missing

DOCUMENT	DOCUMENT NUMBER	DATE OF ISSUE	ISSUE AUTHORITY
1. CNIC			
2. Domicile Certificate			
3. Secondary School (Matriculation) or (O-level)			
4. HSSC (Intermediate) Certificate			
5. B.Sc. Engg. Degree for M.Sc. Engg. applicants			
6. 16 Years equivalent Degree for M. Phil. applicants			
7. Detail Marks Certificate / Transcript			
8. PEC / PCATP registration card, if required			

DECLARATION

i) Muslim Only

A) I solemnly declare that I have believe that Hazrat Muhamah (SAWA) is the last Prophet of Allah and There is and was no Porphet after him. And that I have firm faith in Islam and I an not the follower of any such person who claims to be a prophet or religious reformer after Hazrat Muhammad (peace ne upon him) I do not belong Qadiani, Ahmadi or Lahori Group

Signature of the Applicant

ii) All Applicants

I hereby affirm that the entries on all the forms are correct to the best of my knowledge and that I shall abide by all rules and regulations which the University authorities may prescribe for the students

Signature of the Applicant

iii) Parents or Guardian: I Certify that my son/daughter ward makes this application with my knowledge and consent, and that hold myself responsible for his/her conduct.

Signature of Parents/Guardian

(For Official Use)

Date of Receipt: _____

Receiving Official (Initials)

UNIVERSITY OF ENGINEERING AND TECHNOLOGY, LAHORE

to be submitted by the selected candidates only



BIODATA CARD

Application From No. _____

<p>PERSONAL RECORD</p> <ol style="list-style-type: none"> 1. Name of Applicant: _____ 2. Discipline: _____ 3. E-mail Address: _____ 4. CNIC Number: _____ 5. Religion: _____ 6. Place/Date of Birth: _____ 7. Permanent Home Address: _____ 8. Contact No.: _____ 	<p>FAMILY RECORD</p> <ol style="list-style-type: none"> 1. Father's Name: _____ 2. Father's Occupation: _____ 3. Father's Address: _____ 4. Father's Pay: _____ 5. Mothers's Occupation and Pay (if any) _____ 6. Income from any other source: _____ 7. Total Family Income (Monthly) _____
<p>HEALTH RECORD</p> <ol style="list-style-type: none"> 1. Blood Group: _____ 2. Mark of Identification: _____ 3. Height: _____ 4. Weight (Lbs.) _____ 5. Chest: _____ 6. Evesight: _____ 7. Any Skin/interfectious disease: _____ 8. Any disability: _____ 9. Year of Last Medical Check-up: _____ 	<p>EXTRA CURRICULAR RECORD</p> <ol style="list-style-type: none"> 1. Member/Office Bearer of any team, Club Society Social Organization during School/College Period _____ 2. Prizes or Distinction, if any _____ 3. Hobbies _____

ACADEMIC RECORD

Name of School/College	Examination Passed	Year of Passing	Percentage Marks	Division / Grade
	Matriculation			
	F.Sc. or Equivalent Examination			
	B.Sc./B.E./M.Sc.			

Dated: _____

Signature of Candidate: _____

Note: Please fill in all the portions

MEDICAL CERTIFICATE

Form-II

to be submitted by the selected candidates only

I certify that I have carefully examined Mr./Miss./Mrs. _____

son / daughter of _____ Registration No. / Test Roll No. _____ Date of birth _____

Gender _____ CNIC/ B-Form _____

Number: _____

Residential Address _____

Session _____ Campus _____

Contact Number _____

History (to be filled by student and verified by recognized Medical Professional (RMP))

- i. Family History of any Medical or Psychiatric illness
- ii. Past Medical and surgical History, if any
- iii. History of Substance abuse in family
- iv. Decreased appetite and loss of weight

I certify that he/she is fit to perform laboratory/ workshop work and fit to write and solve mathematical problems. He/she meets the physical standard described at the back of the form.

His/her particulars are as under:

(Kindly state measurement units where required, such as feet, inches, cm, lb or kg)

1. Age _____ years.

2. Weight _____

3. Height _____

4. Blood Pressure _____

5. Temperature _____

6. Pulse Rate _____

7. Respiratory Rate _____

8. Chest Unexpanded _____ Expanded _____

9. Vision : Left Eye _____

Right Eye _____

Details of glasses (if worn) _____

10. Marks of Identification:: i) _____ ii) _____

11. Any other remarks: _____

Signature of the applicant
(in the presence of the Medical Office)

Registered Medical Officer / Practitioner
PMDC Registration Number: _____

PHYSICAL STANDARD FOR ADMISSION

For admission a candidate must be in good mental and physical health and free any physical defect. The fitness requirements are given below:-

1. The candidate does not suffer from any communicable disease.
2. Does not bear traces of any previous acute or chronic disease pointing to an impaired constitution or permanent disability
3. Does not suffer from any inveterate skin disease.
4. Does not have any congenital malformation or defect.
5. Limbs are well-formed and developed.
6. There is free and perfect motion of all joints.
7. Chest is well formed and normal
8. Distant vision 6/9 in one eye and 6/12 in the other WITH or WITHOUT glasses. He/she must have normal field and colour of vision, muscular balance, right vision and binocular vision.
9. Hearing is good WITH or WITHOUT a hearing aid and there is not sign of ear disease.
10. Teeth are in good order. Well-filled teeth will be considered as Sound.
11. Lungs and heart are sound.
12. He does not suffer from a severe degree of varicose veins. A candidate who had been successfully operated upon is accepted.

UNDERTAKING

Form-III

to be submitted by the selected candidates only
On a Rs. 100/- Judicial paper duly completed

I Mr. / Mrs. _____ Son/daughter of Mr. _____ Provisionally selected for admission to Postgraduate program of _____ in the University of Engineering and Technology, Lahore, do solemnly declare that I will have no direct/indirect affiliation with any political party during my stay in University and shall not indulge in politics. In case I am found guilty of indulging in politics, I may be expelled from the University without any further notice.

Date:
Witness-1
Signature
Name
Address
National I.D. Card No.

Signature
Name
Address
Witness-2
Signature
Name
Address
National I.D. Card No.

I Mr. / Mrs. _____ S/D.O. _____ father/guardian of Mr. /Miss. _____ have ready the above undertaking. I do hereby affirm to be responsible, for his/her behavior, during his/her stay at the University. In case he/she violates the above undertaking, I shall have no objection to his/her expulsion from the University.

Date:
Witness-1
Signature
Name
Address
National I.D. Card No.

Signature
Name
Address
Witness-2
Signature
Name
Address
National I.D. Card No.

Attested by
District Co-ordination Officer / Judicial Magistrate