



COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS)

King Edward Medical University / Mayo Hospital Lahore

ADMISSION FORM FOR B.SC (HONS) VISION SCIENCES

Serial No. _____

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents, Incomplete form will be rejected.

- Punjab Sindh Baluchistan Khyber Pakhtoonkhwa Azad Jamu & Kashmir Gilgit Baltistan
- Minority Overseas

District (with Province): - _____

Registration No. _____
(K.E.M.U) after admission

Name of Candidate _____
(Block Letters)

N.I.C. No. _____

Father's Name _____
(Block Letters)

Father's N.I.C. No. _____

Father's/Guardian's Occupation _____ Annual Income _____

Postal Address _____
(For correspondence)

_____ Email: _____

Tel: (R) _____ Mobile No. _____

Date of Birth _____ / _____ / _____ Age: _____ / _____ / _____
dd / mm / yy (Years / Month / Days)

Place of Birth _____ Religion _____

Marital Status: Married Unmarried

College Name: _____
(Last Attended)

Board Registration No(F.Sc.). _____

Roll No. -----
(For Office Use)

Paste Photograph
(Passport Size)

- Without attestation
- Light blue background

Thumb Impression

Paste Photograph
(Passport Size)

- Attested from front
- Light blue background

Academic Information

Examination	Board	Roll No.	Year of Passing	Total Marks	Obtained Marks
Matric					
F.Sc(Pre-Med)					
MDCAT					

I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents. I have read the instructions and shall abide by them.

Signature of the Candidate: _____

Father's / Guardian's Signature _____

INSTRUCTIONS

Candidate is directed to read and comply with instructions hereunder before filling the Admission Form

1. The Admission Form found to be incomplete or containing incorrect entries will not be accepted/entertained and the candidate will be responsible for any sort of delay or loss.
2. Each candidate (Male/Female) must enclose five latest identical passport size Photographs (with sky blue background), duly attested, along with the Admission Form. Two photographs must be pasted at the specified places on page 1 and other three be attached along-with the form (Name and Father's name must be mentioned on the back side of photographs).
3. All the entries must be filled in with BLUE ballpoint. Don't use ink pen.
4. Fill your Name, Father's Name according to your Matric Certificate. In case of any discrepancy, the form will be rejected.
5. Fill the Name of Board from where you have passed the Matric/Intermediate examination with the passing year along-with roll number. Attach attested photocopy of Matric/Intermediate Certificate.
6. The candidate who has passed Intermediate/Higher Secondary examination from some other University/Board and is admitted to this course will have to produce the original migration certificate along-with photocopies of other certificates.

NOTE: Before submitting the form in the College check your form and note that you have filled all the columns according to the instructions correctly and attached all the required documents. Send your form with documents in one envelope by Registered A/D to **PRINCIPAL/DIRECTOR GENERAL COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS), LAHORE, MAYO HOSPITAL LAHORE** otherwise in case of misplace, College will not be responsible for the consequences. Also along-with your own form in the envelope don't send the form of any other candidate otherwise the forms will be rejected.

I hereby declare that I have read the above instructions carefully and shall abide by them. I have attached the following documents, duly attested, with the Admission Form:

- | | |
|--|----|
| • A certificate of good moral character | 01 |
| • Attested photocopy of Provisional Certificate or Result Card of last examination | 01 |
| • Attested photocopy of Matriculation Certificate | 01 |
| • Attested photocopy of F.Sc. (Pre-Medical) Certificate | 01 |
| • Attested photocopy of Computerized National Identity Card | 01 |
| • Attested photocopy of Father's Computerized National Identity Card | 01 |
| • Attested photocopy of Domicile Certificate | 01 |
| • Attested passport sized photographs | 02 |
| • Attested copy of MDCAT Result Card | 01 |

Signature of the Candidate: _____

Father's / Guardian's Signature _____

Date: _____