UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE

Ph: No. 042-9231304-9 Ext. 11/16, 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 transcript 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 TRANSCRIPT 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 transcript he/she has applied for. The candidate is fully authorized to apply for the transcript to University of Health Sciences Lahore.

Principal Stamp

Signature of Principal

Dated: _____

Full Name of Principal