



# UNIVERSITY OF THE PUNJAB

Quaid-e-Azam Campus, Lahore - 54590, Pakistan.  
www.pu.edu.pk/dpcc



## Doctoral Programme Coordination Committee

2nd Floor, Department of Botany Building  
University of the Punjab,  
Quaid-e-Azam Campus,  
Lahore 54590 - Pakistan

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www.pu.edu.pk/dpcc ~ info.dpcc@pu.edu.pk

Please read the prospectus before completing this form.  
Incomplete applications will not be accepted.  
Candidates found to have made false or incorrect statement in this form are liable to expulsion.

DPCC-

Serial Number	Punjab University Registration Number	Department / Institute / Centre / College
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### 1 Personal details (Please use CAPITAL letters and write your details EXACTLY as they appear in your documents).

Title:  Mr.  Mrs  Miss  Other  Male  Female

Full Name

National ID Card No.  Attach Attested Photocopy  Married  Single

Father's Name

Postal Address

Residential Address

E-mail Address  Mobile

Phone  Fax

D D M M Y Y Y Y  
 Date of Birth

Religion

ATTACH PHOTO HERE

### 2 Proposed Programme of Study

Department in which you wish to study

Research Group / Topic (if known)

Degree / Qualification applied for MS  M. Phil  Ph. D  Other Research

Preferred Supervisor (if known)

### 3 Educational Qualification

Title	Examining Board / Institution	Date Awarded	% / Grade
Matric	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. A. / F. Sc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. A. / B. Sc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
M. A. / M. Sc. / LL.B Pharm D or Equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>
MS / M. Phil.	<input type="text"/>	<input type="text"/>	<input type="text"/>
GRE/GAT (NTS) General	<input type="text"/>	<input type="text"/>	<input type="text"/>
GRE/GAT Subject (NTS)	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 4 Work Experience

Job Title	Name of Organization	Full/Part-Time etc.	From	To

#### 5 Declarations and Signature

Brief sketch of research work done so far if any including title of the project, name of supervisor and institution. Use additional pages if required. The statements should not exceed 500 words.

To help us provide assistance, please state briefly if you have any special needs, requiring support or facilities.

Please give reasons for choosing this programme of study and the University of the Punjab.

Have you ever been convicted: if Yes. Give details of all convictions.

Have you ever joined any Department/Institute/Centre of College of Punjab University previously: if Yes, give details.

## 6 Publications (if any) should be supported by copy

Title of Paper	Journal	Volume	Year	Page

## 7 Check List

### Have You:

- Answered all questions.
- Enclosed a letter of permission from the employer (*for employees only*)
- Enclosed certificate of experience from the employer.
- Enclosed attested / certified copies of academic transcripts. (*including certified translation if necessary*)
  - MS / M. Phil       GRE/GAT (NTS) General       GRE/GAT Subject (USA)
  - M.A.     M.Sc.     B.Sc. (Engineering)     Pharm D       Or equivalent
  - B.A.     B.Sc.     Or equivalent
  - Intermediate Certificate       Matriculation Certificate       Or equivalent
- Enclosed migration certificate (if graduated from a University other than the Punjab University).
- Enclosed a certificate of good moral character.
- Enclosed an attested copy of the National Identity Card / Domicile Certificate.
- Enclosed three attested copies of recent photographs.

### Note:

- ★ All relevant documents must be attached by the candidate with his / her application form.
- ★ No benefit would be given for any document not attached at the time of submitting application or produced after the closing date i.e. 12-07-2013.
- ★ Applicants shall submit their original documents at the time of admission.

## 8 Declaration and Signature

### I, solemnly declare that:

I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at Punjab University  
 I am not suffering from any infectious disease.  
 I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.  
 I have read and understood the University's cancellation and refund policy.  
 I understand that the University may obtain official records from any educational institution I have previously attended.

### I, undertake to:

- A) Abide by the Statutes, regulations (including the Code of Honour of Students, of University Calendar 1990 Vol. 1) and rules etc. framed by the University of the Department / Institute/Centre/College from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.
- B) I accept as a condition of my admission the authority of the University that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor /Director/Chairman/Principal of the Department/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre /College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the Department/Institute/Centre/College without any further notice to me.
- C) Not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.
- D) I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.
- E) Show good behavior;
- F) Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;
- G) Pay in time all dues and fine, if any;
- H) I will notify the new address to Assistant Registrar, DPCC, if there is any change in my contact address/phone number.
- I) I undertake to take examination unconditionally notified by the University/Department/Institute/Centre/College.
- J) I have read the relevant rules and regulations concerning admission before signing this application.

Signature of the Applicant

Date / /

## 9 REFERENCE

This section must be completed by your present or past teacher, employer or person who knows you well, academically and socially.

How long have you known the applicant and in what capacity?

What is your opinion about the Applicant's suitability for the course chosen?

Please tick appropriately  
One  tick per row

	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual / Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information that you feel is relevant

Referee's Name

Designation

Address

Signature

Date

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

## Office Use Only Office Use Only Office Use Only Office Use Only Office Use Only

### 10 Evaluation Record

#### Academic Qualification

Matric	<input type="text"/>
F.A/ F.Sc	<input type="text"/>
B.A/B.Sc	<input type="text"/>
M.A/M.Sc/LL.B Pharm D or Equivalent	<input type="text"/>
MS / M.Phil.	<input type="text"/>
GRE (NTS) General	<input type="text"/>
GRE Subject (USA)	<input type="text"/>
Teaching/Research Experience	<input type="text"/>
Written Test	<input type="text"/>
Interview	<input type="text"/>
Total Merit	<input type="text"/>
Remarks	<input type="text"/>

### 11 Admission

Admitted  Yes  No

Director / Chairman / Chairperson / Principal

Chairperson DPCC