

**JOINING REPORT FOR ADMISSION TO PRIVATE SECTOR MEDICAL/ DENTAL COLLEGES
IN PUNJAB (SESSION 2024-2025)**

1. I _____ S/D/O _____ do hereby confirm that I have joined **Shalamar Medical and Dental College, Lahore** as per appearance of my name in the _____ Selection List issued by the University of Health Sciences on _____ for admission in MBBS/BDS for private medical/dental colleges in Punjab for the session 2024-25.

2. I confirm that I have carefully read the admissions rules and regulations of **Shalamar Medical and Dental College, Lahore**, University of Health Sciences, Lahore (UHS) and Pakistan Medical & Dental Council (PMDC) for the session 2024-25 and that I have submitted college fee amounting to PKR _____ at **Shalamar Medical and Dental College, Lahore** within due date on _____ and proof of fee deposit is enclosed herewith.

3. I am aware that my name appearing in **Shalamar Medical and Dental College Lahore** is provisional subject to verification of my documents and admission process completion by UHS & PM&DC.

4. I hereby undertake to: **(please choose one option from (a) or (b) below):**

a) include my name in the subsequent selection lists for the colleges based on my preferences submitted through the admission application form and in such case, this joining report will automatically become null and void.

Signature

b) withdraw my other preferences and want to make a stay at Shalamar Medical and Dental College, Lahore, therefore it is requested to remove my name from further upgradation of admission process.

Signature

Signature: _____
Student Name: _____
CNIC No: _____
Father Name: _____
Father CNIC No: _____

**Left Thumb for Male &
Right Thumb Impression for Female:** _____

(For office Use Only)	
Student Name: _____	Aggregate: _____
Comments: _____	
Date & Time _____	Signature _____