

CHECK LIST **(Entry 2020)**

CHECKLIST: Please attach original copies unless otherwise stated, of the relevant documents. The application may be rejected if any of the required documents is missing.

DOCUMENT	DOCUMENT NO.	DATE OF ISSUE	ISSUING AUTHORITY
01. Secondary School (Matriculation or O-level)			
02. Diploma of Associate Engineer (if applicable)			
03. Intermediate or equivalent certificate (if applicable)			
04. IBCC Equivalence Certificates (if applicable)			
05. Domicile Certificate			
06. Copy of CNIC or B-Form			
07. Form-A – Biodata Card			
08. Form-B – Medical Certificate			
09. Form-C - Undertaking			
10. Income Certificate			
11. Copy of Father's Death Certificate (If applicable)			

- **Income Certificate**

- **For employed parents/ guardians: Last drawn salary certificate**
- **For self employed: Income certificate in the form of an undertaking duly attested by a class-I gazetted officer**

SOLEMN PROMISE

I solemnly promise that before appearing in the Final Examination of the Bachelor's Degree Program, I shall make one person literate so that he will be able to

- i). read and write his name;
- ii). make simple calculations;
- iii). read and write a simple statement
- iv). read a Qurani Qaaida, e.g. Yassarnal Quran

Dated: _____

Signature of Candidate _____

Admission Test Roll No. _____

BIODATA CARD & DECLARATION
PUNJAB TIANJIN UNIVERSITY OF TECHNOLOGY, LAHORE

A PERSONAL RECORD

1. Name of Applicant _____
2. Discipline applied for _____
3. Religion _____
4. Place / Date of Birth _____
5. Permanent Home Address _____

B FAMILY RECORD

1. Father's Name _____
2. Father's Occupation _____
3. Father's Address _____
4. Father's Pay _____
5. Mother's Occupation and Pay (if any) _____
6. Income from any other source _____
7. Total Family Income (Monthly) _____

C HEALTH RECORD

- Blood Group _____
1. Mark of Identification _____
 2. Height _____
 3. Weight (Lbs) _____
 4. Chest _____
 5. Eyesight _____
 6. Any Skin/infectious disease _____
 7. Any disability _____
 8. Year of Last Medical Check-up _____

D EXTRA CURRICULAR RECORD

1. Member/Office Bearer of any Team, Club Society _____
Social Organization during School/College period _____
2. Prizes or Distinction, if any _____
3. Hobbies _____

E ACADEMIC RECORD

Name of School College	Examination Passed	Year of Passing	Percentage Marks	Division / Grade
	Matriculation			
	DAE/ Intermediate or equivalent			

DECLARATION

i) Muslims Only

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

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 the rules and regulations which the University authorities may prescribe for the students

Signature of the Applicant

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 I hold myself responsible for his/her conduct.

Signature of Parent/Guardian

MEDICAL CERTIFICATE

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

son / daughter of _____

CNIC/ B-Form Number: _____

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, Lbs or Kgs)

1. His/her age is approximately _____ years.
2. His/ her weight is _____
3. His/ her height is _____
4. Chest Unexpanded _____ Expanded _____
5. Vision : Left Eye _____ Right Eye _____

Details of glasses (if worn) _____

6. Marks of Identification i) _____
ii) _____
7. Any other remarks: _____

<p>Signature of the applicant (in the presence of the Medical Officer)</p>	<p>Registered Medical Officer/ Practitioner PMDC Registration Number: _____</p>
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PHYSICAL STANDARD FOR ADMISSION

For admission a candidate must be in good mental and physical health and free from 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 no 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 (Sample)

To be submitted on a Rs. 100/- Judicial paper duly completed

I Mr. / Mrs. _____ Son/daughter of Mr. _____
provisionally selected for admission to Undergraduate program of _____
in the Punjab Tianjin University of Technology, Lahore, do solemnly declare that I will have no direct/ indirect affiliation
with any political party during my stay in the 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.

Signature of the Candidate:
Name:
Address:
National I.D. Card No.:

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

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

I Mr. / Mrs. _____ S/D. _____
father/guardian of Mr./Miss. _____ have read 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.

Signature of Father / Guardian
Name
Address
National I.D. Card No.:

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

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

Attested by
District Co-ordination Officer / Judicial Magistrate