OFFICE OF THE REGISTRAR
UNIVERSITY OF CHILD HEALTH SCIENCES, LAHORE
Ferozepur Road, Lahore Phone # (92) (42) 99232216, 99230901-23 Ext. 2009, 2045
Email: registrar@uchs.edu.pk | Web: https://www.uchs.edu.pk

Required: **No Objection Certificate (NOC)** ☐ **Experience Certificate** ☐

Name: _____

Father's Name: _____

CNIC #: _____

Department: _____

Date of Joining - UCHS: _____

Contact Number: _____

Administrative Staff – UCHS

Regular ☐ **Contract** ☐ **Daily Wages** ☐ **Consultant** ☐			
Current Designation with BPS:		**From:**	**To:**
Previous Appointments – UCHS (Chronological Order)			
Sr #	**Designation with Department**	**From**	**To**
1			
2			
3			
4			
5			

Reason: _____

_____

_____

1. **Signature of Employee:** _____

2. **Signature & Stamp of Concerned HOD:** _____

Recommended ☐ **Not Recommended** ☐

Documents Required:

- **Copy of CNIC**
- **Copy of complete Advertisement (In case of NOC)**
- **Copy of Appointment Letter/Letters**
- **Any other document**