



UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, LAHORE

Controller's office Copy

LIVESTOCK ASSISTANT DIPLOMA COURSE

Name of Center: _____

ENROLMENT FORM

Name of Student _____ (As Per Matriculation Certificate) Father's Name _____ (As Per Matriculation Certificate) Registration No _____

Session _____ Date of Submission _____ Mobile No. _____ E-Mail _____

<input type="checkbox"/> FIRST YEAR (Tick <input checked="" type="checkbox"/> Relevant Box) Morning <input type="checkbox"/> Evening <input type="checkbox"/>					
Course Number	Title of the Course	Credit Hours	Annual Exam	Supply Exam	2 nd Annual Exam
LAD-101	Anatomy & Physiology	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-102	Pharmacology	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-103	Poultry Production	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-104	Veterinary Pathobiology	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-105	Animal Nutrition	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-106	Basic Computer Application	2(0-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> SECOND YEAR (Tick <input checked="" type="checkbox"/> Relevant Box) Morning <input type="checkbox"/> Evening <input type="checkbox"/>					
Course Number	Title of the Course	Credit Hours	Annual Exam	Supply Exam	2 nd Annual Exam
LAD-201	Livestock Production	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-202	Theriogenology	5(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-203	Clinical and Preventive Medicine	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-204	Clinical Surgery	2(1-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-205	Livestock Extension Education	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-206	Basics of Farm Machinery	1(0-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNSHIP RESULT			PASS	<input type="checkbox"/>	FAIL

Note: In case of wrong Entry student concerned will be responsible for the consequence. Cutting, Erasing & Overwriting is not acceptable.

Signature of Student

Cashier

Verified by Director / Principal
With office seal

Confirmed by Director ICE & E



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Director ICE&E Copy

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LAD-103	Poultry Production	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-104	Veterinary Pathobiology	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-105	Animal Nutrition	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-106	Basic Computer Application	2(0-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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LAD-203	Clinical and Preventive Medicine	5(3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-204	Clinical Surgery	2(1-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-205	Livestock Extension Education	3(2-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAD-206	Basics of Farm Machinery	1(0-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Principal Copy

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ENROLMENT FORM

Name of Student _____ Father's Name _____ Registration No _____
(As Per Matriculation Certificate) (As Per Matriculation Certificate)

Session _____ Date of Submission _____ Mobile No. _____ E-Mail _____

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