

# UNIVERSITY OF HEALTH SCIENCES, LAHORE

## Master of Dental Surgery (MDS)

### Session 2016

Roll No.	Registration No.	Name of Candidate	Father's Name	Marks Obtained	Total Marks	%age	Discipline	Name of Institute
No Candidate								

Prepared by: \_\_\_\_\_

Verified by: \_\_\_\_\_

Asst. Controller of Examinations: \_\_\_\_\_

Dy. Controller of Examinations (A) \_\_\_\_\_