

10 Appearing as Fresh / Repeater

If Repeater, Number of attempts already made (excluding this attempt):

Previous appearances:

First Attempt	:	Annual / Supplementary 20	Roll No
Second Attempt	:	Annual / Supplementary 20	Roll No
Third Attempt	:	Annual / Supplementary 20	Roll No
Fourth Attempt	:	Annual / Supplementary 20	Roll No
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11 Subjects in which to be examined:

- | | |
|----------|----------|
| 1. ----- | 4. ----- |
| 2. ----- | 5. ----- |
| 3. ----- | 6. ----- |

12 Fee Paid Rs. Mode of Payment Draft Bank Receipt

Draft/Bank Receipt No: _____ Date: -

(DD) / MM / YYYY

NOTE: Attach original Bank Draft/Bank Receipt with this form

13 Documents to be attached:

I have attached attested copies of the following documents with this form:

- Certificate of F.Sc (Only for 1st Prof. MBBS Part-I) DMC of Previous Professional Examination
- 03 photographs **size (3x3 cm)** attested from front side paste at given place and
01 photograph **size (3x3 cm)** (attested from back side) attach with admission Form.
- Migration Certificate (in case of migration only)

14 **CERTIFICATE BY THE APPLICANT**

I hereby solemnly declare that: (1) the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, misinformation or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under law, and in such case, the university has every right to cancel my result.

Date: _____

Signature of the applicant

15 **CERTIFICATE BY THE PRINCIPAL**

A certificate on a pattern provided below will be sent to the Examination Department not later than two weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be issued to their candidates.

{ I certify that the candidate is eligible in all respects as per Rules & Regulation of PMDC & University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal (with stamp)

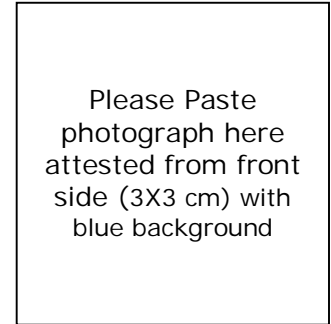


UNIVERSITY OF HEALTH SCIENCES
Lahore

Roll No : _____
(Office use only)

Roll NO SLIP
(FOR SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



Controller of Examinations

Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

Signature of the Candidate

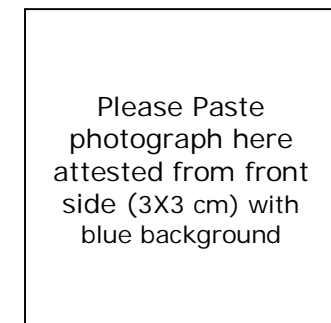


UNIVERSITY OF HEALTH SCIENCES
Lahore

Roll No : _____
(Office use only)

ROLL NO SLIP
(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



Controller of Examinations

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Signature of the Candidate