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Appearing as Fresh / Repeater

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

Previous appearances:

First Attempt	:	Annual / Supplementary 200	Roll No
Second Attempt	:	Annual / Supplementary 200	Roll No
Third Attempt	:	Annual / Supplementary 200	Roll No
Fourth Attempt	:	Annual / Supplementary 200	Roll No

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Subjects in which to be examined:

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

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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

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Documents to be attached:

I have attached attested copies of the following documents with this form (tick appropriate box)

- Certificate of F.Sc (Only for First Prof. BDS) DMC of Previous Professional Examination
- 03 photographs size (4x4 cm) paste at given place and
01 photograph (attested from back side) attach with admission Form.

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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 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

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CERTIFICATE BY THE PRINCIPAL

A certificate on a pattern provided below will be sent to the Examination Department no 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: _____

Please Paste
photograph here
attested from Front
side (4X4 cm)
with blue background

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.

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: _____

Please Paste
photograph here
attested from Front
side (4X4 cm)
with blue background

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.

Signature of the Candidate