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3 <sup>rd</sup> Professional BDS Program. (Subject in which to appear.)						
Subjects	Annual				Supplementary	
General Medicine	<input type="checkbox"/>				<input type="checkbox"/>	
General Surgery	<input type="checkbox"/>				<input type="checkbox"/>	
Oral Pathology	<input type="checkbox"/>				<input type="checkbox"/>	
Periodontology and Oral Medicine	<input type="checkbox"/>				<input type="checkbox"/>	
<b>Fee</b>	<b>Rs</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Rs</b>					

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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**

**Documents to be attached:**

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

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- 03 photographs **size (3x3 cm)** attested from front side to be pasted at given place and  
 01 photograph **size (3x3 cm)** (attested from back side) to be attached with admission Form.

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**CERTIFICATE BY THE APPLICANT**

I hereby solemnly declare that : (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and no material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the applicant**

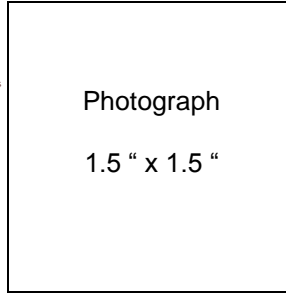
16

**CERTIFICATE BY THE PRINCIPAL**

- a) I hereby certify that the applicant has fulfilled the conditions laid down under the Statutes enforced in the year of Examination: that he/she is of good moral character: that he/she has signed this application in my presence and that his/her statement on the reverse is correct.
- b) The candidate has deposited exam fee **Rs. -----** with the College or (NUMS Exam Fee Fund A/C No. **12367980549003** Habib Bank, Kashmir Road Branch Rawalpindi vide receipt No: \_\_\_\_\_ dated \_\_\_\_\_ original attached).
- c) The candidate is eligible to appear in the **First/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/Final** Professional (Annual/Supplementary) Examination (whichever is applicable).-

**Signature of Principal (with stamp)**  
 Date \_\_\_\_\_

**The Admission Form is liable to be cancelled if correct Registration No is not mentioned or if any incomplete or incorrect entry is made in the form.**



National  
University of  
Medical Sciences  
Rawalpindi

Photograph

1.5 " x 1.5 "

**ADMITTANCE CARD**

Examination:

Name:

Reg No.

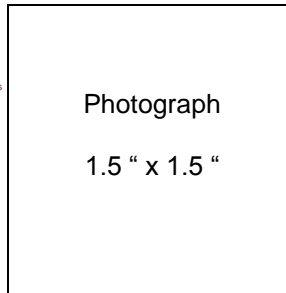
Roll No.

Name of Institute:

Centre of Examination:

**Controller of Examinations**

Cell / Mobile Phones or any other device used for communication is strictly prohibited.



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### **IMPORTANT INSTRUCTIONS**

**Cell phones are strictly prohibited.**

**Penalties:** Cancellation of relevant paper.  
Debarred to appear in that examination from one to three years.

**Books / notes are strictly prohibited.**

**Penalties:** Cancellation of relevant paper.  
Debarred to appear in that examination for one year, besides fine as determined by the University.

**Weapons/arms are strictly prohibited.**

**Penalties:** Cancellation of all papers of the relevant exam and debarred from appearing in the next one to five examinations, besides fine as determined by the University or disqualified to appear from any medical university.

**Note:** Any candidate who is responsible of creating disturbance of any kind himself/herself or through somebody else or by any other means, during the examination can be penalized as follows.

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