

NATIONAL UNIVERSITY OF MEDICAL SCIENCES

C/O MH, Rawalpindi, Post Box # 839, GPO Rawalpindi Phone No. (Off) 051-9270677

EXAM ADMISSION FORM FOR MBBS FINAL PROFESSIONAL PROGRAM

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- **The name / spelling of the candidate and his / her father be correctly written on this form, exactly as per the Matric / Equivalence Certificate, because, the same spelling / name will be finally printed on the Degree issued to you by the University.**
- Admission form shall be filled in legibly and correctly by the candidate in his / her own handwriting. Please avoid overwriting.
- Please fill in the form in **black ink** clearly only in **CAPITAL** letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes "" are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked or .
- Examination Fee is Rs. 1500/- per paper. In case, a candidate who is appearing in two papers of same subject then Examination Fee is Rs. 2000/-. (Subject to revision from time to time).

Please affix
photograph here
attested from front
side (3x3 cm) with
blue background

APPLICANT'S PERSONAL INFORMATION

1	Full Name (First, middle, last)	
2	Father's Name (First, middle, last)	
3	Applicant's CNIC (provide copy)	<div style="display: flex; justify-content: space-between; width: 100%;"> _____ - _____ - _____ </div>
4	Name of Institution	
5	Registration Number	<div style="display: flex; justify-content: space-between; width: 100%;"> _____ - _____ - _____ NUMS </div>
6	Nationality	
7	Previous Examination (Annual/ Supplementary-year)	<div style="display: flex; justify-content: space-between; width: 100%;"> _____ - 20 _____ </div>
8	Previous Examination Roll No	
9	Mailing Address (mention all relevant information like post code etc.)	
10	Mobile/Telephone Number: (with city code)	
11	Email:	

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Final Professional MBBS Program (Subject in which to appear)			
Subjects	Rate	Annual	Supplementary
Medicine I Medicine II	2000/-	<input type="checkbox"/>	<input type="checkbox"/>
Surgery I Surgery II	2000/-	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology & Obstetrics	2000/-	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	1500/-	<input type="checkbox"/>	<input type="checkbox"/>
Fee	Rs. 7500/-		

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Fee Paid Rs.

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Mode of Payment

Draft

Bank Receipt

Draft/ Bank Receipt No: _____

Date:

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(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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- 3 photographs size (3x3 cm) attested from front side to be pasted at given place and
1 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

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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/ 2nd/ 3rd/ 4th/ Final** Professional (Annual/Supplementary) Examination (whichever is applicable).
- d) The candidate has attended following classes:

Medicine _____% Surgery _____% Gynecology _____% Pediatrics _____%

Remarks, if any:

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.



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OF MEDICAL SCIENCES

Photograph
1.5" x 1.5"
To be pasted by
Gum
Do not Staple

ADMITTANCE CARD

Examination: _____
Name: _____
Registration No: _____
CNIC: _____
Foreign student Passport No: _____
Roll No: _____
Name of Institute: _____
Centre of Examination: _____

Student Signature

Deputy Controller Examinations



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ADMITTANCE CARD

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Deputy Controller Examinations

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 penalised as follows.

Cancellation of all papers of the relevant exam and debarred from appearing in the next one to three examinations, besides fine as determined by the University.

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