



# NATIONAL UNIVERSITY OF MEDICAL SCIENCES

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

## EXAMINATION ADMISSION FORM FOR MASTERS IN PUBLIC HEALTH (1<sup>ST</sup> SEMESTER)

### IMPORTANT NOTE:

- The form shall be submitted to the Office of the Controller of Examinations NUMS.
- **The name / spelling of the candidate and fathers name should be correctly written on this form, exactly as per the Matric / Equivalence Certificate. The same will be finally printed on the Degree.**
- Admission form to be filled in correct and legible, own handwriting by the candidate. Please avoid overwriting.
- Please fill in the form in black or blue ink clearly 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 will 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 crossed (  or  )
- Examination Fee is Rs. 1500/- per paper. In case a candidate is appearing in two papers of the same subject, then Examination Fee is Rs. 2000/-

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

### APPLICANT'S PERSONAL INFORMATION

<b>1</b>	<b>Full Name</b> (first, middle, last)	<input style="width: 100%; height: 20px;" type="text"/>
<b>2</b>	<b>Father's Name</b> (first, middle, last)	<input style="width: 100%; height: 20px;" type="text"/>
<b>3</b>	<b>Applicant's CNIC</b> (provide copy)	<input style="width: 100%; height: 20px;" type="text"/>
<b>4</b>	<b>Name of Institution</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>5</b>	<b>Registration Number</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>6</b>	<b>Previous Examination</b> (Semester/ Supplementary)	<input style="width: 100%; height: 20px;" type="text"/>
<b>7</b>	<b>Previous Examination Roll No</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>8</b>	<b>Nationality:</b> .....	
<b>9</b>	<b>Mailing Address</b> (mention all relevant information like post code etc)	 ..... .....
<b>10</b>	<b>Mobile/Telephone Number</b> (with city code)	<input style="width: 100%; height: 20px;" type="text"/>
<b>11</b>	<b>Email</b>	<input style="width: 100%; height: 20px;" type="text"/>

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1 <sup>st</sup> Semester MPH Program. (Tick the subject in which to appear.)										
Subjects	Semester					Supplementary				No of Attempts.
Epidemiology	<input type="checkbox"/>					<input type="checkbox"/>				First <input type="checkbox"/>
Foundation of Pub Health	<input type="checkbox"/>					<input type="checkbox"/>				Second <input type="checkbox"/>
Demography	<input type="checkbox"/>					<input type="checkbox"/>				Third <input type="checkbox"/>
Environmental Health	<input type="checkbox"/>					<input type="checkbox"/>				
Biostatistics	<input type="checkbox"/>					<input type="checkbox"/>				
Health promotion/Sociology	<input type="checkbox"/>					<input type="checkbox"/>				
<b>Fee</b>	<b>Rs</b>	<b>9</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**

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**Documents to be attached:**

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

- 03 photographs **size (3x3 cm)** attested from front side and paste at given place.
- 01 photograph **size (3x3 cm)** (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 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 have not taken any attempt (including the present one) in excess of the maximum attempts permitted by PMDC/University for the said examination. (3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (4) 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 DEAN / PRINCIPAL**

- a) I here by certify that the applicant has fulfilled the conditions laid down under the Statutes enforced in the year of Examination. The Candidate has more than 75 % attendance during academic year, has good moral character, and has signed this application in my presence and the statement on the reverse in 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** Semester/Supplementary Examination (whichever is applicable).-

Date\_\_\_\_\_

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

**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

**ADMITTANCE CARD**

Photograph

3 cm x 3 cm

Examination:

Name:

CNIC No.

Registration No.

Roll No.

Name of Institute

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Controller of Examination  
Brig Uzma Rehan

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



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Photograph

3 cm x 3 cm

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Name of Institute

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Controller of Examination  
Brig Uzma Rehan

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

### **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.

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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