

NATIONAL UNIVERSITY OF MEDICAL SCIENCES

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

EXAM ADMISSION FORM FOR MBBS 4th 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 Fees is Rs. 1500/- per paper. Incase a candidate who is appearing in two papers of same subject then Examination Fees 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)	- -														
4	Name of Institution															
5	Registration Number	- - - N U M S														
6	Nationality															
7	Previous Examination (Annual/ Supplementary-year)	- 2 0														
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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4 th Professional MBBS Program. (Subject in which to appear.)			
Subjects	Rate	Annual	Supplementary
Special Pathology	1500/-	<input type="checkbox"/>	<input type="checkbox"/>
Community Medicine	1500/-	<input type="checkbox"/>	<input type="checkbox"/>
E.N.T	1500/-	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	1500/-	<input type="checkbox"/>	<input type="checkbox"/>
Fee	Rs. 6000/-		

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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

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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:-

Special Pathology ____ % **Community Medicine** ____ % **E.N.T** ____ % **Ophthalmology** ____ %

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: _____

Reg 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

Examination: _____

Name: _____

Reg No. _____

CNIC: _____

Foreign student passport no: _____

Roll No. _____

Name of Institute: _____

Centre of Examination: _____

 Student Signature

 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 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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