

| Roll No: |  |
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#### NATIONAL UNIVERSITY OF MEDICAL SCIENCES

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

#### EXAM ADMISSION FORM FOR TWO YEAR POST R.N. B.Sc NURSING 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 <u>black ink</u> 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. 3500/- per Exam. Incase of late fees University will charge Rs. 5000/-.

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

| First Semester |       |       |         |       |      | Second Semester |      |       |       |      |   |      | Third Semester |          |      |      |          |     |       | Final Semester |          |   |          |   |     |  |   |
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|  | Documents to b  | e attached:  |   |  |  |
| _  | I have attached a   | attested copies of the   | following documents w   | vith this form (tick appropria   | ate box)   |
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|                              | ADMITTANCE CARD |               |  |
|------------------------------|-----------------|---------------|--|
| Examination:                 |                 |               |  |
| Name:                        |                 |               |  |
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| Foreign student passport no: |                 |               |  |
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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.

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