



## UNDERGRADUATION REGISTRATION FORM

Photo

1. Name: \_\_\_\_\_ 2. Father's/ Husband's Name: \_\_\_\_\_
3. Date of Birth (dd/ mm/ yyyy): \_\_\_\_\_ 4. Gender: \_\_\_\_\_
5. Nationality: \_\_\_\_\_ 6. District of Domicile: \_\_\_\_\_
7. CNIC Number: \_\_\_\_\_ 8. PM&DC Registration No: \_\_\_\_\_
9. Mailing Address (mention all relevant information like H. No., St. No., Sector, etc):
- \_\_\_\_\_
- \_\_\_\_\_

10. Telephone/ Mobile No: \_\_\_\_\_ 11: Email Address: \_\_\_\_\_

### 12. Academic Data/ Qualification

	School/ College/ University	From	To	Division GPA/ Grade	Marks obtained (%)	Major subjects taken
• Matric • O'Level/ Other						
• F.A./F.Sc. • A'Level/ Other						
Other qualification						

Department: \_\_\_\_\_ College/ Institute: \_\_\_\_\_

Program: MBBS \_\_\_\_\_ BDS \_\_\_\_\_ BSN \_\_\_\_\_ MLT \_\_\_\_\_ CP \_\_\_\_\_ Other \_\_\_\_\_

### CERTIFICATE BY THE APPLICANT

I, hereby, solemnly declare that the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief. I fully understand that any false statement of mine shall render me liable for termination from the college/ institute/ program.

Student Signature: \_\_\_\_\_ Head/ Dean: \_\_\_\_\_

**FOR REGISTRAR OFFICE USE ONLY**

**Registration No. issued** \_\_\_\_\_

**Checked by**

**Registrar**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**INSTRUCTION**

1. Attach Following:
  - a) Two 1" x 1" size photographs of the candidate with sky blue background attested on the back
  - b) Photocopies of certificates of Matric/ Intermediate or equivalent (including equivalence certificates)
  - c) Photocopy of Entry Test result of NUMS/ NTS/ GAT
  - d) Original NOC to be attached, if migrating from other Board/ University/ Institution
  - e) Photocopy of Passport/ (\_\_\_\_\_)
  - f) Photocopy of CNIC/ Form 'B'
2. The Principal/ Dean of all Colleges/ Institutions shall submit the Registration Form alongwith attested copies of academic record and Registration Fee at prescribed rates to the Registrar within 20 days of admission
3. The Form, photocopies of Academic Record and Photographs must be attested by the Principal/ Dean or applicant's duly authorised nominee
4. In case of a student migrating from any other University/ Board, Migration Certificate/ NOC in original should also be submitted
5. If any student is struck off from the rolls of a College/ Institution/ Department, migrates/ shifts to another College/ Institution/ Department, rusticated or expelled or is readmitted, such facts shall be reported to the Registrar within seven days.
6. In case of a student already registered with University, getting admission to another course at the same/ another College/ Institution/ Department, the Principal /Dean/ Head of the College/ Institution/ Department shall forward a fresh registration form dully filled from all respects quoting the registration number of such student alongwith the prescribed registration fee for the course.

**Distribution:**

1 x copy to be maintained in the concerned Institute, Registrar Office/ Academic Directorate & Controller of Examination.



## MIGRATION/ TRANSFER OF CREDIT APPLICATION FORM

### Intended Area of Transfer

1. Programme: \_\_\_\_\_

Personal Data (Type or write in Block Letters)

2. Name: \_\_\_\_\_

3. Gender: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. C.N.I.C/ NICOP No:

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7. Fathers' Name:

\_\_\_\_\_

8. Present Postal Address

\_\_\_\_\_

\_\_\_\_\_

9. Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_

10. Academic Data: (Provide all transcripts and report all results)

	Name and Location of School/ College/ University	From	To	Division GPA/ Grade	Marks obtained (In%)	Major subjects taken
<ul style="list-style-type: none"> <li>• Matric</li> <li>• O'Level/ Other</li> </ul>						
<ul style="list-style-type: none"> <li>• FA/F.Sc.</li> <li>• A'Level/ Other</li> </ul>						

### 11. Academic Achievements

Distinctions, awards paper published and other recognitions of academic achievements  
(please indicate the basis of selection and date of each listing)

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### 12. Current Academic Programme

Programme (currently studying): \_\_\_\_\_

Institution/ University: \_\_\_\_\_ Entry date: \_\_\_\_\_

Semesters completed: \_\_\_\_\_

Credits earned: \_\_\_\_\_

CGPA: \_\_\_\_\_

13. Reasons of Transfer (Be specific and to the point. Clearly indicate changes in circumstances, which render it difficult for you to continue education in your present institution)

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14. Undertaking: I have read the details given in application form for Transfer of Students. I hereby apply for admission to the \_\_\_\_\_ Programme at NUMS as a Transfer student and certify that, to the best of my knowledge, all the above statements are complete and correct. I also declare that I have never been involved in any illegal activity. I understand that any attempt to influence the Admission process or providing false or incomplete information would result in my disqualification or dismissal from the programme at any stage.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

15. Please attach the following documents with the migration form:

- a. Official transcript of semesters studied at Parent University.
- b. Photocopy of mark-sheets of Matric and F.Sc./ equivalent examinations (equivalence certificates from IBCC, Pakistan in case of O/A level/ equivalent exams)
- c. Detailed course outlines of the courses already studied
- d. No Objection Certificate (NOC) from parent university
- e. Character certificate

f. Bank Draft amounting to Rs. 5000/- (Rupees five thousand) in favour of NUMS as processing fee (non-refundable).

**16. (TO BE FILLED BY CONCERNED NUMS COLLEGE / INSTITUTE)**

***Details of Accepted Courses/ Credits Course Code***

<b>Course Code</b>	<b>Course Title</b>	<b>Credits</b>	<b>Grade</b>

***Details of Deficient Courses***

<b>Course Code</b>	<b>Course Title</b>	<b>Credits</b>	<b>Grade</b>

The case for migration from above mentioned institution to our College/ School/ Institute has been critically examined by faculty and it is recommended that migration/ transfer of credits of student be accepted to join \_\_\_\_\_ semester with \_\_\_\_\_ course.

**Recommended/ Not Recommended**

<b>Dated:</b> _____	<b>Signature of Principal/ Dean/ Commandant:</b>
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**Countersigned**

**Registrar  
National University of Medical Sciences**

**REQUEST FOR FREEZING OF SEMESTER**

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Department: \_\_\_\_\_ Institute: \_\_\_\_\_

Cell No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Freezing Requested for: Semester \_\_\_\_\_ Date \_\_\_\_\_

Will rejoin Semester \_\_\_\_\_ Date \_\_\_\_\_

Reasons for freezing (Tick (✓)) a. Domestic / Personal b. Medical Reason  
c. any other reason: \_\_\_\_\_

Present Postal Address: \_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

1. Previous record of freezing \_\_\_\_\_
2. Copy of Fee Challan attached Amounting to Rs. \_\_\_\_\_
3. Remarks of Head of Department \_\_\_\_\_

Date \_\_\_\_\_ Signature of Head of Department \_\_\_\_\_

Recommendation of Dean/ Head of Institute

**Recommended/ Not Recommended**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
**Dean/ Head of Institute**

**(For Registrar Office use only)**

1. Freezing semester:
2. Will rejoin: Date \_\_\_\_\_ Semester: \_\_\_\_\_

**Approved/ Not Approved**

Date \_\_\_\_\_ Registrar \_\_\_\_\_

Notes: Freezing period will be counted towards overall allowed duration for completion of PG program.

- a) Applicant will be charged registration fee @ of 25% of tuition fee per month for the freezing period.
- b) Copy of approved form will be sent to Registrar/ Academic Directorate & Controller of Examination.



## SEMESTER ASSESSMENT/ EXAMINATION

Faculty/ Course Instructor: \_\_\_\_\_

Program: \_\_\_\_\_ Department: \_\_\_\_\_

Institution: \_\_\_\_\_ Name of Course: \_\_\_\_\_

Course Code \_\_\_\_\_ Credit Hour: \_\_\_\_\_ Semester: spring/ summer/ fall

**a) Coursework (Total Marks \_\_\_\_\_)**

S. No.	Name	Registration No.	Marks obtained
1.			
2.			
3.			
4.			

**b) Practical/ Clinical (Total Marks \_\_\_\_\_)**

S. No	Name	Registration No.	Marks obtained
1.			
2.			
3.			
4.			

Date \_\_\_\_\_ Faculty/ Course Instructor signature: \_\_\_\_\_

**Countersigned**

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Dean/ Head of Institute

**Distribution:**

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## IMPROVEMENT/ REPEAT COURSE FORM

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Program: \_\_\_\_\_ Subject: \_\_\_\_\_ Admission Date: \_\_\_\_\_

S. No.	Course code	Course Title	Credit Hrs	Core/ Elective	Grade	Grade Points
1.						
2.						
3.						
4.						

GPA Semester-I: \_\_\_\_ GPA Semester-II: \_\_\_\_ GPA Semester-III: \_\_\_\_ GPA Semester-IV: \_\_\_\_ CGPA: \_\_\_\_

Current Semester with CGPA \_\_\_\_\_ Chances already availed \_\_\_\_\_

Course/ code/ title semester in which improvement is desired \_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Remarks Head of Department: \_\_\_\_\_

Course offer in \_\_\_\_\_

Head of Department Signature: \_\_\_\_\_ Head of Institute/ Dean: Signature \_\_\_\_\_

### Recommended/ Not Recommended

#### Controller of Examination

#### Approved/ Not Approved

Dated: \_\_\_\_\_ Sign of Controller of Examination: \_\_\_\_\_

#### Instruction for Students attending Summer Semester

Students are ONLY allowed to attend the subject in which they have existing 'F', 'D' & 'C' grade. Maximum achievable grade is 'B'.

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## APPOINTMENT OF SUPERVISOR

Professor \_\_\_\_\_  
 Department \_\_\_\_\_

Dear Sir/Madam,

The Head of Department of \_\_\_\_\_ (College/ Institute)  
 \_\_\_\_\_ is pleased to appoint you as the Supervisor/ Co-Supervisor for the  
 following Student:

Student's Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

Program/ Subject: \_\_\_\_\_

During the period of research work, you are requested to supervise the course work, synopsis, thesis defense and to send us the progress report on the prescribed form. You will also be required to be present at the time of thesis defense. Kindly send us your acceptance in writing or through email \_\_\_\_\_ (signed scanned copy), so that we may formally intimate your name to the Academic Directorate, NUMS.

I hope the student will greatly benefit from your valuable experience towards completing his/ her degree in time.

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

\_\_\_\_\_  
 (Head of Department)

### **Countersigned**

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Dean/ Head of Institute

### **Distribution:**

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**INSTITUTIONAL REVIEW BOARD APPROVAL LETTER  
(UG PROGRAM)**

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Subject: \_\_\_\_\_

Dear \_\_\_\_\_  
(Student/ Principal Investigator)

We are pleased to inform you that your proposed study entitled

\_\_\_\_\_  
\_\_\_\_\_

vides your application received on \_\_\_\_\_ was reviewed on \_\_\_\_\_ by

\_\_\_\_\_ IRB. The board has approved/ approved with minor changes in the protocol/

informed consent form vide IRB no \_\_\_\_\_ date \_\_\_\_\_ for period from \_\_\_\_\_ to

\_\_\_\_\_.

You are reminded to submit reports in a timely manner as per our IRB policy.

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

Signature of Secretary IRB

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## SYNOPSIS EVALUATION REPORT

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Department: \_\_\_\_\_ Subject: \_\_\_\_\_

Supervisor: \_\_\_\_\_ CGPA of Course work: \_\_\_\_\_

Thesis Topic: \_\_\_\_\_

### A-Internal/ External Synopsis Evaluator (30 Marks)

S. No.	Evaluation Criteria	Marks Scale (2-10)	Marks obtained
1	<b>Introduction/ Review</b> 1. Introduction 2. Literature Review 3. Problem Statements/ Research 4. Hypothesis 5. Objectives	Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
2	<b>Research Methodology</b> 1. Description of Sampling 2. Study Design 3. Materials and methods 4. Statistical Analysis 5. Reasons and limitations of scientific methods proposed, etc.	Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
3	<b>Feasibility/ Outcome of Study</b> 1. Plan of work 2. Practicality 3. Areas of Application 4. Relevance to national needs 5. Estimated cost/ resources	Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
	<b>Total Marks (30 Marks)</b>	_____ %	_____ Marks

**B- Overall Performance/ Defense of Synopsis (20 Marks)**

	<b>Total Marks</b>	<b>Marks obtained</b>
1. Presentation skills/ slides	(5 Marks)	
2. Viva/ Q&A session	(15 Marks)	
Total Marks	20 Marks	

**Remarks:**


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**Part-A (30 Marks) \_\_\_\_\_ Part-B (20 Marks) \_\_\_\_\_ Total (50 Marks) \_\_\_\_\_**
**Name of Internal/ External Evaluator: \_\_\_\_\_**
**Qualification \_\_\_\_\_ Department: \_\_\_\_\_**
**Institute: \_\_\_\_\_**
**Date: \_\_\_\_\_**
**Signature: \_\_\_\_\_**
**Grading Scale:**

<b>2</b>	<b>Poor</b>	<i>A performance that meets the minimum criteria but no more. The candidate demonstrates a very limited degree of knowledge.</i>
<b>4</b>	<b>Below Average</b>	<i>A satisfactory performance but with significant shortcomings. The candidate demonstrates a limited degree of knowledge.</i>
<b>6</b>	<b>Average</b>	<i>A good performance in most areas. The candidate demonstrates a reasonable degree of knowledge.</i>
<b>8</b>	<b>Good</b>	<i>A very good performance. The candidate demonstrates sound knowledge and a very good degree of independent thinking.</i>
<b>10</b>	<b>Excellent</b>	<i>An excellent performance, clearly outstanding. The candidate demonstrates excellent knowledge</i>

**Distribution:**

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**THESIS EVALUATION REPORT  
(UG Program)**  
(To be used by Individual Examiner)

Student Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Degree enrolled: \_\_\_\_\_ Department: \_\_\_\_\_

Thesis Topic: \_\_\_\_\_

Complete the evaluation grid below and comment on the criteria accordingly

Evaluation Criteria	Observation/ Comment
Literature Review	
Methodology	
Statistical analysis	
Table/ Graphs	
Result and Discussion Justified analysis and conclusions	
Proper referencing	
General comments (Language, Grammar, Style)	
<b>Overall recommendations</b>	

**Thesis Observations**

**Select ONE**

1. The thesis is ready to proceed to the Oral Defense
2. Minor revisions before to proceed to the Oral Defense
3. Major revisions before to proceed to the Oral Defense.


Date: \_\_\_\_\_ Evaluator' Signature: \_\_\_\_\_

**NOTE:** Report must include a detailed description of the shortcomings that have informed your decision, including an itemized list of substantive issues you would expect the student to address in order for the thesis to be approved and proceeded to the Oral Defense.

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**CHECK LIST FOR AWARD OF DEGREE**

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

<b>S. No.</b>	<b>List</b>	<b>Yes/ No</b>
1.	Admission check list, admission response	
2.	Registration Form (Form No. UG-02), Migration Form & Freezing of semester (Form No. UG-03)	
3.	Semester internal assessment form (Form No. UG-04)	
4.	Repeat/ Improvement of any course (Form No. UG-05)	
5.	Supervisor Nomination (Form No. UG-06)	
6.	IRB approval letter (Form No. UG-07)	
7.	Synopsis Evaluation Report (Form No. UG-08)	
8.	Thesis evaluation report (Form No. UG-09)	

**Date:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Course Coordinator:** \_\_\_\_\_

**Distribution:**

- 1 x copy to be maintained in the concerned Institute
- 1 x copy to be maintained in the Examination Directorate
- 1 x copy to be maintained in the Academic Directorate.



## CONTROLLER OF EXAMINATIONS NOTIFICATION

No. \_\_\_\_\_

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

It is notified for the information of all concerned that Mr./ Ms. \_\_\_\_\_

Student of \_\_\_\_\_ of \_\_\_\_\_

has completed all the requirements for the award of BS degree in the discipline

\_\_\_\_\_ as per details given hereunder:

BS			Cumulative Result			
Registration No.	Scholar's Name	Father's Name	Credit Hours			Cumulative Grade Point Average (CGPA)
			Course Work	Research Work	Total	

Research Topic:

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Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signed by Controller of Examination

**Note:** This result is declaration as notice only. Errors and omissions, if any, are subject to subsequent rectification.

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