NATIONAL UNIVERSITY OF MEDICAL SCIENCES

C/O MH, Rawalpindi, Post code 46000 Post Box # 839 GPO Rawalpindi, Phone no (Off) 051-9272920

EXAMINATION ADMISSION FORM

IMPORTANT INSTRUCTIONS:										Serial No:																			
The appropriate form shall be forwarded to the Office of the Controller of Examinations.																													
	The name of candidate and candidate's father be written correctly as per Matric/Equivalence									nce	Roll No:																		
	Certificate. Candidate to fill form in own hand writing, legibly and correctly. Avoid overwriting.																												
• Use	Use black ink and write clearly in CAPITAL letters. 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.											Dhotograph																	
	 Incomplete / incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences. 										any	Photograph																	
Attach original Bank Draft/Bank Receipt with this form.									3 x 3 cm To be pasted																				
	• 03 photographs size (3x3 cm) attested from front side paste at given place and 01										with gum																		
	photograph size (3x3 cm) (attested from back side) attach with this Form. Examination Fee structure is given below. Write the fee in required column. Paid draft / deposit									osit	Do not Staple																		
slip of the total amount to be attached with this form.																													
Normal fee to be paid within 6 weeks before start of exam.																													
Late Fee to be paid within 3 weeks prior to start of exam.																													
Program: Prof / semester: Annual / Supply:																													
(MBBS,BDS, Nursing, MLT/CP,Dip card,Mphil,MPH,PhD etc)																													
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Normal F	ee	Rs 2000 / Paper				Rs 2000/ Paper				Rs 900/ Paper				Rs 1800 / Paper			aper	Rs 2700/ F					3800	800/ Paper					
Late Fee		Rs 4000 / Paper					R	ks 400	0 / Pap	Paper R		180	1800/ Paper Rs 30			Rs 36	00 / P	0/Paper Rs 5			54	5400/ Paper Rs 7			7600	6 00/ Paper			
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I hereby solemnly declare that the information provided by me in this form are true and correct to the best of my knowledge and belief. I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me.																													
Date:																													

CERTIFICATE BY THE HEAD OF INSTITUTION

Signature of the applicant

Date: ___





Photograph 3 x 3 cm To be pasted With gum Do not Staple

ADMITTANCE CARD

Roll Number allotted: _____

Examination:	
Name:	
Reg No.	
CNIC:	
Foreign student passport no:	
Name of Institute:	
Centre of Examination:	

Student Signature





Deputy Controller Examinations

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Roll Number allotted:								
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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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