

**BDS**  
**FOURTH PROFESSIONAL**

**UNIVERSITY OF BALOCHISTAN, QUETTA**  
**EXAMINATION FORM OF FOURTH PROFESSIONAL BDS**  
**ANNUAL/SUPPLEMENTARY EXAMINATION, 20\_\_\_\_\_.**

Roll No.

(To be written by the University Office)

- i) Every candidate must keep his/her **C.N.I.C.** with him/her in the examination while appearing in the examination.  
ii) Four latest copies of Photograph must be attached with the examination form. **Female students are not exempted.**

Attach two copy of recent Photograph here  
(Female Students are not exempted)

**THE CONTROLLER OF EXAMINATION,**  
University of Balochistan, Quetta.

I request permission to present myself at the *Fourth Professional BDS Annual/Supply Examination, 20\_\_\_\_\_* of the University of Balochistan, and declare that all the particulars given below are correct and that incase of any difficulty arising out of inaccuracy there in; I shall be responsible for the consequences.

(Particulars to be filled in by the candidate neatly & legibly in his/her own hand writing)

1. Name (in block letters) English   
Urdu
2. Father's Name (in block letters) English   
Urdu
3. C.N.I.C. No.  -  -  Male  Female
4. Registration Number (UoB Quetta): \_\_\_\_\_
5. Religion \_\_\_\_\_ 6. Caste \_\_\_\_\_
7. Present address: H.No. \_\_\_\_\_  
City: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_ Mobile No \_\_\_\_\_
8. Permanent address (in full): H. No. \_\_\_\_\_  
City: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_
9. Year of Passing F.A. /F.Sc. Examination \_\_\_\_\_ Annual/Supply: \_\_\_\_\_  
Under Roll No. \_\_\_\_\_ From \_\_\_\_\_
10. Year of Passing BDS Third Professional Exam \_\_\_\_\_ Annual/Supply: \_\_\_\_\_  
Under Roll No. \_\_\_\_\_ From \_\_\_\_\_
11. **Subjects in which to be examine for BDS Fourth Professional:-**

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Examination Form No.

**12. To be filled in by the Compartment / Failure Candidates only.**

Appeared in BDS Fourth Professional Roll No. \_\_\_\_\_ Annual/Supplementary Exam 20\_\_\_\_\_ and failed in the following subjects.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**13. I solemnly declare that:-**

- (i) I have read all the instructions.  
(ii) That I have filled in the Examination Form in my own hand writing.  
(iii) I am not a student of Double Course.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
(Signature of the Candidate)

Note

**The Examination form will liable to be cancelled if correct Registration Number is not mentioned, if incomplete or incorrect entry is made in the form.**

**CERTIFICATE**

I certified that the student:

- (a) He/She is of good moral character.
- (b) He/She has attended not less than 75% full course of lectures in each of the subject for this examination.
- (c) He/She has satisfactorily performed the work of the class.
- (d) He/She attended not less than 75% of the periods assigned to practical work in the BDS subjects offered by him/her for the examination.
- (e) He/She has filled & signed application overleaf in my presence, and particulars filled in by him/her on the reverse are correct.

**Remarks, If any:**

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\_\_\_\_\_  
*Office Seal/Stamp*

\_\_\_\_\_  
*Signature*  
*Principal Bolan Medical College, Quetta*

**FEE STATEMENT**

Amount of Fee Paid Rs. \_\_\_\_\_ Challan No. \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

(To be written by the University Office)

**Roll No. Slip of Fourth Professional BDS**

**Roll No.**

**(TO BE FILLED IN BY THE CANDIDATE)**

Note

- i) The Candidate will be admitted to the Examination Hall on production & delivery of this **Roll No. Slip**. Every candidate must keep his/her identification Card with him/her in the Examination Hall while taking the Examination.
- ii) All Candidates, including females must keep with them their **C.N.I.C.** in the Examination Hall & to be shown when desired by Centre superintendent of University authorities.

Attach One Copy of Your Photograph & One copy of CNIC here

**UNIVERSITY OF BALOCHISTAN, QUETTA.**

Annual/Supplementary Examination 20\_\_\_\_\_

Dated: \_\_\_/\_\_\_/20\_\_

Admit \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

of the Bolan Medical College, Quetta of the BDS Fourth Professional Exam, at \_\_\_\_\_

\_\_\_\_\_ Centre,

➤ **Select the subject in which to be appeared.**

- |    |       |                          |
|----|-------|--------------------------|
| 1. | _____ | <input type="checkbox"/> |
| 2. | _____ | <input type="checkbox"/> |
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |
| 6. | _____ | <input type="checkbox"/> |
| 7. | _____ | <input type="checkbox"/> |
| 8. | _____ | <input type="checkbox"/> |

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
**Deputy Controller (Conduct)**  
for Controller of Examination  
University of Balochistan