DPT	UNIVERSITY OF BALOCHISTAN, QUETTA EXAMINATION FORM OF FIRST PROFESSIONAL DOCTOR OF PHYSIO THERAPY ANNUAL/SUPPLEMENTARY EXAMINATION, 20	(To be written by the University Office)
12 PT	 i) Every candidate must keep his/her <i>C.N.I.C.</i> with him/her in the examination while Appearing in the examination. ii) Four latest copies of Photograph must be attached with the examination form. <i>Female Students are not exempted.</i> 	Attach three Copy of Recent
	THE CONTROLLER OF EXAMINATION, University of Balochistan, Quetta.	Photograph Here (Female Students Are not exempted)

Annual/Supply Examination, 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.				
4.	Registration Number (UoB Quetta):				
5.	Religion6. Caste6.				
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.	Subjects in which to be examine for Doctor of Physio Therapy First Professional:-				
	1.Anatomy2.Physiology3.Bio-Chemistry4.Kinesiology5.Bio-Statistics6.English7Computer				
11.	To be filled in by the Compartment Candidates only.				
Under Roll No Annual/Supplementary Exam 20					
	1 2 3 4				
	5 6				
12.	<i>I solemnly declare that:-</i> (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)



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 Pharmacy 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:

Office Seal/Stamp

Signature of Head of Department

FEE STATEMENT

Amount of Fee Paid Rs. _____ Challan No. _____

Dated: ____/20____.

Ra

No. Slip of First Professional Doctor of Physio Therapy	University Office) Roll No.
(TO BE FILLED IN BY THE CANDIDATE)	
The Candidate will be admitted to the Examination Hall on production & delivery of this <i>Roll No. Slip.</i> Every candidate must keep his/her identification Card with him/her in the Examination Hall while taking the Examination. All Candidates, including females must keep with them their <i>C.N.I.C.</i> 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

Annual/Supplementary Examination 20____

Admit _

Note

___ Son / Daughter of ____

Dated: ___/___/20____

of the Department of Physical Therapy University of Balochistan, of the Doctor of Physic Therapy First Year Exam, at

			_Centre,
۶	Select th		
	1.	Anatomy	
	2.	Physiology	
	3.	Bio-Chemistry	
	4.	Kinesiology	
	5.	Bio-Statistics	
	6.	English	
	7.	Computer	

Signature of Candidate

Deputy Controller of Examination University of Balochistan