Page 1 of 3

UNIVERSITY OF BALOCHISTAN, QUETTA

Roll No.

(To be written by the University Office)

Attach t3 Copies of Recent

Photograph Here

(Female Students Are not exempted)

EXAMINATION FORM OF SECOND PROFESSIONAL DOCTOR OF PHYSIOTHERAPY ANNUAL/SUPPLEMENTARY EXAMINATION, 20_

Every candidate must keep his/her C.N.I.C. with him/her in the examination

while Appearing in the examination
Four latest copies of Photograph must be attached with the examination form. Female Students are not exempted.

THE CONTROLLER OF EXAMINATION,

University of Balochistan, Quetta

I request permission to present myself at the Second Professional Doctor of Physiotherapy 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

4. Registration Number (UoB Quetted) 5. Religion	English			
3. C.N.I.C. No: 4. Registration Number (UoB Quetted) 5. Religion				
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4. Registration Number (UoB Quetted) 5. Religion				
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7. Present address: H. No	ra):			
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8. Permanent address (in Full): H. N. City:District 9. Year of Passing First Prof DPT Extended to the London Medical NoFrom Description of the London Medical Physical				
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Exercise Physis Medical Physis Medical Physis 11. To be filled in by the Comparts Under Roll No:	П	Ph	ysiology-II	
Medical Phy To be filled in by the Comparts Under Roll No:A 1	enetics-II		nics and Ergonomics	
11. To be filled in by the Comparts Under Roll No:A 1			& Health & Wellness	
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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 STATEM	ENT
Amount of Fee Paid RsChal	lan No:
Dated://20)

Roll No. Slip of Second Professional Doctor of Physiotherapy

(To be written by the University Office) Roll No.

Note

(TO BE FILLED IN BY THE CANDIDATE) 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/Supple	ementary Examination 20		Dated:/	/20
Admit	Son /	Daughter of		
of the Departn	nent of Physical Therapy University of Balocl	histan, of the Doctor of Physiot	herapy Second Ye	ar Exam, at
	Centr	e,		
> Selec	t the subject in which to be appeared:			
1.	Anatomy-II			
2.	Physiology-II			
3.	Bio-Chemistry & Genetics-II			
4.	Biomechanics & Ergonomics			
5.	Exercise Physiology			
6.	Sociology & Health & Wellness			
7.	Medical Physics			
8.	Islamic studies/Pakistan studies			

Signature of Candidate

Deputy Controller Of Examination University of Balochistan