№ UNIVERSITY OF BALOCHISTAN, QUETTA

EXAMINATION FORM OF THIRD PROFESSIONAL BDS ANNUAL/SUPPLEMENTARY EXAMINATION, 20_____.

(To be written by the University Office)

Roll No.

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)

(Signature of the Candidate)

THE CONTROLLER OF EXAMINATION,

University of Balochistan, Quetta.

I request permission to present myself at the *Third 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									
				U	rdu								
2.	Father's Name (in block letters) English)
	Urdu												
3.	C.N.I.C. No.			-					-	Male	Fema	ale	
4.	Registration Number (UoB Quetta):												
5.	Religion 6. Caste												
7.	Present address: H.No												
	City:	y: District: Pr					ovince:N			Iobile No			
8.	Permanent address (in full): H. No.										 •		
	City: District: Province:										Ž		
9.	Year of Passing F.A. /F.Sc. Examination Annual/Supply:												
	Under Roll No From										n F		
10.	Year of Passing BDS Second Professional Exam Annual/Supply:											Examination Form No.	
	Under Roll No From										m		
11.	Subjects in which to be examine for BDS Third Professional:-										Exa		
	1. Medici		2.				Oral Pathology						
	3. Surger	y					4.		Oral I	Medicine			
12.	To be filled in by the Compartment / Failure Candidates only.												
	Appeared in BDS Third Professional Roll No Annual/Supplementary Exam 20												
	and failed in the	e follow	ing su	bjects									
	1		2.				3				_ 4		
	5		6.										
13.	` '	read all nave fill	the ins	he Ex	amina		Form	in my	own l	hand wri	ting.		
Dated:	//	·											

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:	
Office Seal/Stamp	Signature Principal Bolan Medical College, Quetta
FEE S	<u>TATEMENT</u>
Amount of Fee Paid Rs.	Challan No
Dated:	/ /20

Roll No. Slip of Third Professional BDS

University Office) Roll No.

(To be written by the

(TO BE FILLED IN BY THE CANDIDATE)

Note

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/S	upple	mentary Examination 20		Dated://20				
Admit			Son / Daughter of					
of the Bo	lan M	ledical College, Quetta of the BDS This	rd Professional Exam, at					
		Centre,						
> 5	Select	the subject in which to be appeared.						
1	! .	Medicine						
2	2.	Surgery						
3	3.	Oral Pathology						
4	1.	Oral Medicine						
Signature	e of th	r Controller (Conduct) r Controller of Examination University of Balochistan						