№ UNIVERSITY OF BALOCHISTAN, QUETTA

EXAMINATION FORM OF FIRST PROFESSIONAL MBBS 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 *First MBBS* 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	$\overline{}$					
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	<u> </u>					
	City: District: Province:	 Examination Form No.					
9.	ear of Passing F.A. /F.Sc. Examination Annual/Supply:						
	Under Roll No From						
10.	Subjects in which to be examine for MBBS First Professional:-						
	 Islamiat & Pakistan Studies Anatomy Bio-Chemistry 	SXallIII					
11.	To be filled in by the Compartment / Failure Candidates only.						
	Under Roll No Annual/Supplementary Exam 20						
	1 2 3 4						
	5 6						
12.	 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:	:/						

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 MBBS 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.	
Amount of Fee Paid Rs	Challan No

Roll No. Slip of First Professional MBBS

(TO BE FILLED IN BY THE CANDIDATE)

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

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.

Examination Hall while taking the Examination.

Attach One

(To be written by the University Office)

Roll No.

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

UNIVERSITY OF BALOCHISTAN, QUETTA.

Annu	al/Sup	pplementary Examination 20		Dated:/20
Admi	t		Son / Daughter o	of
of the	Bola	n Medical College, Quetta of the MBB	S First Professional Ex	xam, at
		Centre,		
>	Sel	lect the subject in which to be appeare	d.	
	1.	Islamic Education & Pakistan Stu	udies	
	2.	Anatomy		
	3.	Physiology		
	4.	Bio-Chemistry		
Signa	ture o	of the Candidate		Deputy Controller (Conduct)
				for Controller of Examination
				University of Balochistan

Note