>> UNIVERSITY OF BALOCHISTAN, QUETTA

EXAMINATION FORM OF SECOND 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

Photograph here (Female Students are not exempted)

recent

THE CONTROLLER OF EXAMINATION,

University of Balochistan, Quetta.

I request permission to present myself at the *Second 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 (
2.	Father's Name (in block letters) English				
	Urdu				
3.	C.N.I.C. No				
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.	City: District: Province: Year of Passing F.A. /F.Sc. Examination Annual/Supply:				
	Under Roll No From				
10	Year of Passing MBBS First Prof. Examination Annual/Supply:				
	Under Roll No From				
11.	Subjects in which to be examine for MBBS Second Professional:-				
	 Islamiat & Pakistan Studies Forensic Medicine General Pathology Pharmacology & Therapeutics 				
12.	To be filled in by the Compartment / Failure Candidates only.				
	Appeared in MBBS Second Professional under Roll No Annual/Supply 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 Candidat				

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, Quetto
	FEE STATEMENT
Amount of Fee Paid Rs	Challan No
	Dated:/

Roll No. Slip of Second Professional MBBS

(TO BE FILLED IN BY THE CANDIDATE)

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

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	Supple	mentary Examination 20		Dated://20
Admit _			Son / Daughter of	
of the Bo	olan M	edical College, Quetta of the MBBS Se	cond Professional Exam	, at
		Centre,		
> 3	Select	the subject in which to be appeared.		
4	1.	Islamic Education & Pakistan Studies	s	
2	2.	Forensic Medicine		
	3.	General Pathology		
2	4.	Pharmacology & Therapeutics		
Signatur	e of the	e Candidate	Deputy Controller (Conduct) or Controller of Examination University of Balochistan	