

### Faisalabad Medical University, Faisalabad

Phone Number: 041-9210068 Email: dce.fmuf@pmc.edu.pk



Roll	No	

### **EXAMINATION FORM FOR MBBS AND BDS PROGRAM**

#### NOTE:

- The form shall be submitted to the Office of the Controller of Examination
- The name/spelling of the candidate and his/her father name be correctly written on This form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the Degree issued to you by the University.
- Please fill in the form in black ink and clearly print or type only in CAPITAL letters and Avoid contact with the edges of the boxes. A box may be left empty wherever a word Ends a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure
   The form is filled in as neatly as possible.
- Examination form shall be filled in legibly and correctly by the candidate in his/her
   Own handwriting. Incomplete and incorrect examination form may be cancelled,
   The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes are provided in the form, the box adjacent to the

•	Appropriate answer is to be ticked or checked.	Or	
	Appropriate answer is to be tiered or effected.	U .	

Please affix Photograph here attested from front side (3X3 cm) with blue background

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Registration Number	7 Nationality
Previous Examination (annual/supplementary –year)  Subjects in which to appear:	Previous Examination Roll No  9
1	
1.       6.         2.       7.         3.       8.         4.       9.         5.       10.         Fee Paid Rs       Mode of Payment         Draft       Bank Receipt         Draft/Bank Receipt No: Date	(DD / MM / YYYY)
	Previous Examination (annual/supplementary –year)  Subjects in which to appear:  1

Note: Attach original Bank Draft/Bank Receipt with this form



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16	Documents to be attached:									
	I have attached attested copies of the following documents with this form (tick ap	propriate box)								
	Certificate of F.S.C									
	DMC of MBBS of previous Professional									
	03 photographs size (3x3 cm) attested from front side paste at given place attested from back side attached with Examination Form	and 01 photograph size (3x3 cm)								
	CERTIFICATE BY THE APPLICANT									
	I hereby solemnly declare that (1) the information provided and statement made by me in this form are to correct to the best of my knowledge and belief and nothing material has been concealed or withheld here shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made (3) I understand that applying for examination without being eligible for it is a crime punishable under the law, and in such case, the university has every right to cancel my result.  Date:  Signature of Applicant									
15	5 CERTIFICATE BY THE PRINCIPAL									
	( I certify that the candidate is eligible in all respects as per Rules $\&$ Regulation of examination.	University to appear in this								
	Dated: Signature of Pri	ncipal (with stamp)								