



# Faisalabad Medical University, Faisalabad

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## APPLICATION FORM FOR MBBS AND BDS PROFESSIONAL EXAMINATIONS

Please read following instructions carefully:

- 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/Equivalent 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

Please affix  
Photograph here  
attested from  
front side (4X4  
cm) with blue  
background

**For MBBS/BDS IN:**

Annual  Supplementary

1	1 <sup>st</sup> Professional _____	2 <sup>nd</sup> Professional _____
	3 <sup>rd</sup> Professional _____	4 <sup>th</sup> Professional _____
	Final Professional _____	

### APPLICANT'S PERSONAL INFORMATION

2 Full Name (first, middle, last)

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3 Father's Name (first, middle, last)

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4 Applicant's CNIC (Provide copy)

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Passport No. \_\_\_\_\_  
(For foreigner candidates only)

5 Name of Institution

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6 Registration Number

7 Nationality: \_\_\_\_\_

8 Subjects in which to appear:

1. .... 4. ....  
 2. .... 5. ....  
 3. .... 6. ....

9 Previous Examination (annual/supplementary, year 20\_\_)

10 Previous Examination Roll No. [ ]

11 Mailing Address (mention all relevant information like postal code etc.)

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12 Mobile /Telephone Number (with city code) E-mail/ Fax #

[ ] [ ]

13 Fee Paid Rs [ ][ ][ ][ ][ ] Mode of Payment: Draft [ ] Bank Receipt [ ]

Draft/Bank Receipt No: \_\_\_\_\_ Date: [ ][ ] [ ][ ] [ ][ ][ ][ ]  
 (DD / MM / YYYY)

14 DOCUMENTS TO BE ATTACHED: I have attached attested copies/ original of the following documents with this form (tick appropriate box)

Certificate of F.S c/A-level/Equivalent certificate (Result Card Attested Copy), For 1<sup>st</sup> professional annual examination only

DMC of MBBS/BDS of previous professional examination (Not for 1<sup>st</sup> Professional Candidates)

DMC for Failed candidates (In case of appear in supplementary examination)

One photograph size (4x4 cm) attested from front, paste at given place and 04 photographs size (4x4 cm) attested from back side, attach with Examination Form.

Original Bank Draft/Bank Receipt

**CERTIFICATE BY THE APPLICANT**

I hereby solemnly declare that (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my candidature.

Date: \_\_\_\_\_ Signature of Applicant

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15 **CERTIFICATE BY THE PRINCIPAL**

(I certify that the candidate is eligible in all respects as per Rules & Regulations of University to appear in this examination).

Dated: \_\_\_\_\_ Signature of Principal (with stamp)