



BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

BDS

FIRST PROFESSIONAL

1. Every candidate, must keep his / her National identity with himself / herself/ in the Examination while appearing in the Examination.
2. Four recent copies of photograph must be attached with the Examination form.

Roll No.

**Attach
photograph
here**

EXAMINATION FORM OF FIRST PROFESSIONAL BDS ANNUAL / SUPPLEMENTARY EXAMINATION 20____.

THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.

I request permission to present myself at the First Professional BDS Annual / Supply Examination 20__of Bolan University of Medical & Health Sciences, 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 and legibly in his / her own hand writing)

1. Name (in block letters) English _____
Urdu _____
2. Father Name (in block letters) English _____
Urdu _____
3. N.I.C No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Male Female
4. Registration No. of BUMHS _____
5. Religion _____ Caste _____
6. Present Address H.No. _____
City: _____ District: _____ Mobile No. _____
7. Permanent Address (in full): H.No _____ Street / Road _____
8. Contact No. _____
9. Year of Passing F.Sc. Examination _____ Annual / Supplementary _____
Under Roll No. _____ Board _____

10. Subjects in which to be examined for BDS First Professional

1. Anatomy
2. Physiology
3. Biochemistry
4. Dental Chemistry
5. Islamiyat
6. Pakistan Studies

11. To be filled in by the Compartment / Failure candidates only

Appeared in BDS 1st Prof: Under Roll No. _____ Annual / Supplementary Exam 20 _____ and failed in the following subjects

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

Solemnly declare that: -

- i. I have read all the instructions.
- ii. I have filled in the Examination Form in my own handwriting.
- iii. I am not a student of double course.

Dated: _____

Signature of the Candidates

The Examination Form is liable to be cancelled if correct Registration No. or option are not mentioned.

1. Bank Receipt No _____ Amount _____ Dated _____

CERTIFICATE

I Certify that the candidate: -

1. Is of good character.
2. Has attended not less than 75% of the full course / lectures in each of the subject of this examination.
3. Has performed the work of the class satisfactorily.
4. Has attended not less than 75% of the periods assigned to practical work in the BDS subjects offered by himself / herself for the examination.
5. Has filled and signed application overleaf in my presence, and particulars filled in by him/her on the reverse are correct.

Remarks if any: -

Seal / Stamp

Principal

ROLL NO. SLIP OF FIRST PROFESSIONAL BDS

Roll No.

Note: 1. The Candidates will be admitted to the Examination Hall on production and delivery of this Roll No Slip.
Every candidate must keep his/her Original Identification Card with him / her in the Examination Hall while taking the Examination.

Attach one
Photograph and
a copy of N.I.C
here

BOLAN UNIVERSITY OF MEDICAL &HEALTH SCIENCES QUETTA

Annual / Supplementary Examination 20__

Admit _____

Son / daughter of _____

Of the Bolan University of Medical &Health Sciences Quetta of the BDS First Professional Exam,
at _____ Centre.

SELECT THE SUBJECT IN WHICH TO BE APPEARED

1. Anatomy
2. Physiology
3. Biochemistry
4. Dental Materials
5. Pak Studies
6. Islamiat

SELECT THE PARICTICAL/VIVA VOCE SUBJECT IN

WHICH THE CANDIDATE WILL APPEAR IN

1. Anatomy
2. Physiology
3. Biochemistry
4. Dental Materials

Signature of the Candidate

DEPUTY CONTROLLER (CONDUCT)
for Controller of Examination
BUMHS, Quetta