

BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES QUETTA

UNIVERSITY REGISTRATION FORM

		Photograph
1. Name of the College:	2. Academic Session: 3. Course:	
4. Name:	5. Father's Name:	
6. Contact Number:	7. Email Address:	
8. Date of Birth:	9. National Identity Card No:	-
10. Local / Domicile of Distt:	11. Religion:	
12. Date of Admission:	13. Class:	
14. Previous Registration Number (If Any): _	15. Board / University:	
16. Permanent Address:		
17. Present Address:		
18. Examinations Record:	We hall she say the	

Examination	Year	Annual / Supply	Roll No.	Division	Subjects Passed	Board / University
a. S.S.C (Matric) / O Level		34	i.			
b. H.S.C (F. Sc) / A Level	24	100	Sec.		and the second second	

It is certified that facts stated above are correct.

Date:	Signature of Applicant:	Thump Impression:	
For Office Use Only:	And the particular and the particular	and the second	
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Director Admissions

STUDENTS REGISTRATION WITH BUMHS

INSTRUCTIONS & INFORMATION

1- Without Late Fee.

2- With late Fee.

3. Double late fee of prescribed Fee.

Rs.700.00 (for Quetta BISE) Rs.2000.00 (for Other BISEs)

Rs.100.00 Rs.800.00 (Quetta BISE) Rs.100.00 Rs.2100.00 (Other BISEs)

Rs.1400.00 (Quetta BISE) Rs.4000.00 (Other BISEs)

4. Triple late fee of prescribed Fee.

Rs.2100.00 (Quetta BISE) Rs.6000.00 (Other BISEs)

3. The following documents must accompany this form.

- a. Original Bank Challan / M.O. Receipt should be attached with form
- b. One photocopy of the Attested Photocopy of Admission letter.
- c. One attested copy each of detailed marks certificates or PASS Certificates of all other examinations passed.
- d. Attested photocopy of National Identity Card.
- e. Four (4) attested passport size photographs.
- f. Original Migration Certificate of the Board / University last registered except B.I.S.E., Quetta.
- g. Registration Fee is to be deposited in any branch of Habib Bank Limited (HBL) Account No: (16497992057703) in the name of BUMHS, Quetta

I have read and complied with the instructions.

Signature of Applicant:

Date: __