



BDS

FIRST YEAR

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 two
photographs
here**

EXAMINATION FORM OF FIRST YEAR BDS

ANNUAL / SUPPLEMENTARY EXAMINATION 20_____.

THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.

I request permission to present myself at the First Year 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. _____ Email Add: _____
9. Year of Passing F.Sc. Examination _____ Annual / Supplementary _____
Under Roll No. _____ Board _____

10. Block in which to be examined for BDS First Year

1. Block – A (Foundation & Blood & Immunology Modules)
2. Block – B (GIT & UGS Modules)
3. Block – C (Cervicofacial & Cardiopulmonary Modules)

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

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

Block A: Theory ☐ **Ospes/Viva Practical** ☐

Block A: Theory ☐ **Ospes/Viva Practical** ☐

Block A: Theory ☐ **Ospes/Viva Practical** ☐

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

1. Bank Receipt No _____ Amount _____ Dated _____

CERTIFICATE

I certify that the candidate: -

Roll No: _____ Name: _____

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

Signature of Principle



BOLAN UNIVERSITY OF MEDICAL AND HEALTH SCIENCES QUETTA.

Annual ☐ Supplementary ☐ Examination
Session _____

ROLL. NO. SLIP OF FIRST YEAR 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 and Student Card with him / her in the Examination Hall while taking the Examination.

2. All Students should be in Uniform

Student CNIC Number:

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

Admit:

Son / daughter of:

Student of: _____ 1st Year BDS Annual Examination, (Session _____)

At: _____.

SELECTED SUBJECTS IN WHICH TO BE APPEARED

1. Paper (A)
(Foundation and Blood &
Immunology Modules)

☐

2. Paper (B)
(GIT & UGS Modules)

☐

3. Paper (C)
(Cervicofacial &
Cardiopulmonary Modules)

☐

OSPES/PRACTICAL/VIVA VOCE SUBJECTS IN WHICH THE CANDIDATE WILL APPEAR IN

1. Block (A)
(Foundation and Blood &
Immunology Modules)

☐

2. Block (B)
(GIT & UGS Modules)

☐

3. Block (C)
(Cervicofacial & Cardiopulmonary
Modules)

☐

Signature of the Candidate

ASSISTANT CONTROLLER EXAMINATION
BUMHS, Quetta.