# BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA.

**MBBS**

**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 MBBS
## ANNUAL / SUPPLEMENTARY EXAMINATION 20_____.

**THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.**

I request permission to present myself at the First Year MBBS 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 MBBS First Year**
    1. Block – A (Foundation & Blood & Immunology Modules)
    2. Block – B (Musculoskeletal Module)
    3. Block – C (CVS & Respiratory Module)
11. **To be filled in by the Compartment / Failure candidates only**
    Appeared in MBBS 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.

_____
Signature of the Candidates

Dated: _____

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: -

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 MBBS 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 MBBS

**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

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

**Student CNIC Number:**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

Admit:

Son / daughter of:

Student of: _____1st Year MBBS Annual Examination, (Session )

At: _____.

**SELECTED SUBJECTS IN WHICH TO BE APPEARED**

1. Paper (A) (Foundation and Blood & Immunology Modules) ☐
2. Paper (B) (Musculoskeletal Module) ☐
3. Paper (C) (CVS & Respiratory Modules) ☐

**OSPES/PARICTICAL/VIVA VOCE SUBJECTS IN WHICH THE CANDIDATE WILL APPEAR IN**

1. Block (A) (Foundation and Blood & Immunology Modules) ☐
2. Block (B) (Musculoskeletal Module) ☐
3. Block (C) (CVS & Respiratory Modules) ☐

_____
**Signature of the Candidate**

**ASSISTANT CONTROLLER EXAMINATION**
**BUMHS, Quetta.**