



BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

MBBS

Fourth 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 4TH YEAR MBBS ANNUAL / SUPPLEMENTARY EXAMINATION 20_____.

THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.

I request permission to present myself at the 4th 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 in case 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.

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 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 Address: _____
9. Year of Passing 3rd Year Examination _____ Annual / Supplementary _____

10. **Subjects in which to be examined for MBBS 4th Year**

1. Community Medicine
2. Special Pathology
3. Otorhinolaryngology (ENT)
4. Ophthalmology (EYE)

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

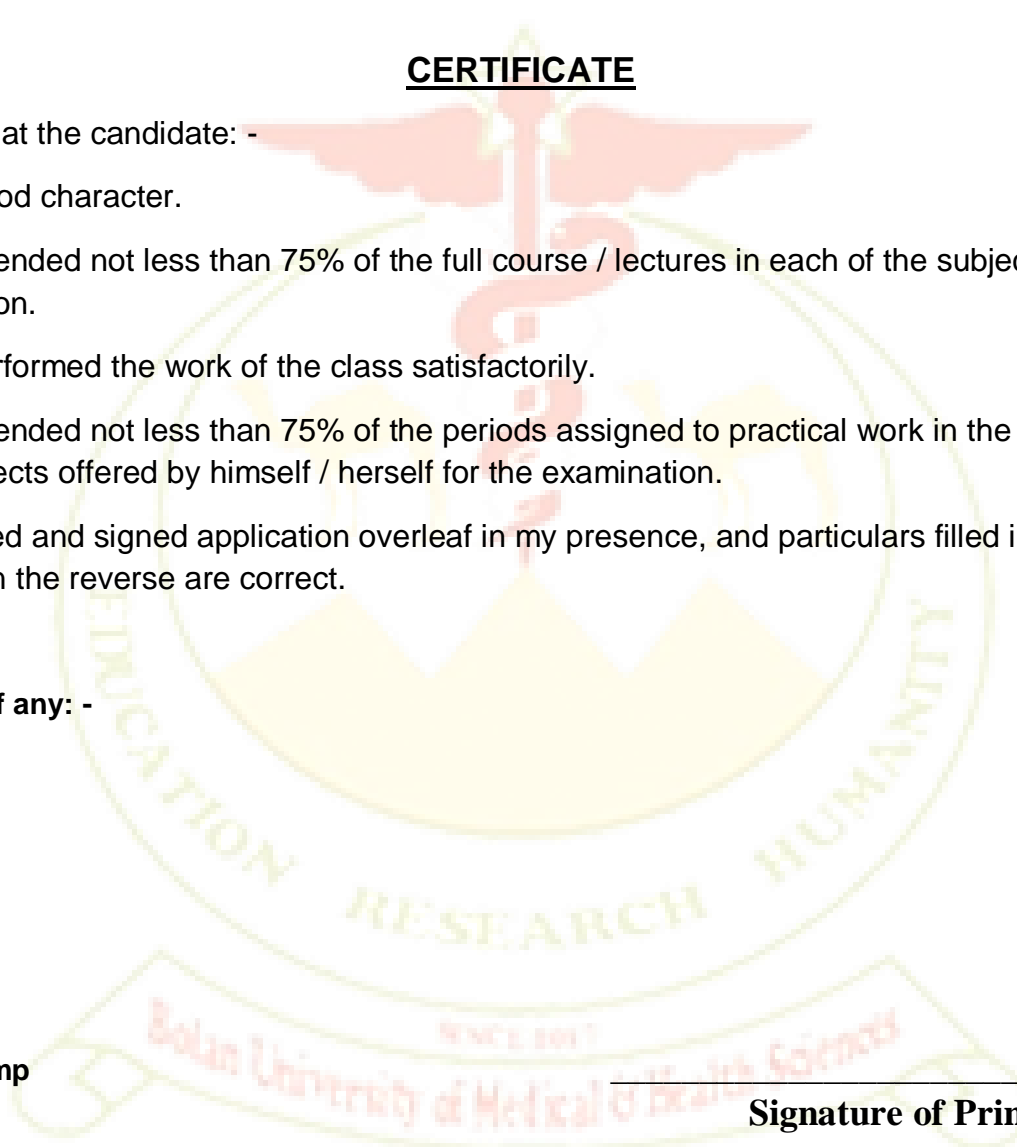
I Certify that the candidate: -

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 MBBS 4th Year 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 Principal



ROLL. NO. SLIP OF FOURTH 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 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 MBBS Fourth Year Exam,

at _____ Centre.

SELECT THE SUBJECT IN WHICH TO BE APPEARED

SELECT THE PARICTICAL/VIVA VOCE SUBJECT IN WHICH THE CANDIDATE WILL APPEAR IN

1. Community Medicine
2. Special Pathology
3. Otorhinolaryngology (ENT)
4. Ophthalmology (EYE)

1. Community Medicine
2. Special Pathology
3. Otorhinolaryngology (ENT)
4. Ophthalmology

1st Professional (Optional Subjects)

1. Pak Studies
2. Islamiat

Signature of the Candidate

DEPUTY CONTROLLER (CONDUCT)
BUMHS, Quetta