



BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

MBBS

Fifth 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 5th YEAR MBBS ANNUAL / SUPPLEMENTARY EXAMINATION 20____.

THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.

I request permission to present myself at the 5th 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.

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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 4th Year Examination _____ Annual / Supplementary _____

10. Subjects in which to be examined for MBBS 5th Year

1. Medicine
2. Surgery
3. Obstetrics and Gynaecology
4. Paediatrics

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

Candidate's Name: _____ **Father's Name:** _____

Roll No: _____ **Registration No:** _____

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 5th 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 FIFTH 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.

2. Students should be in Uniform.

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 Fifth Year Exam,
at _____ Centre.

SELECT THE SUBJECT IN WHICH TO BE APPEARED

1. Medicine

☐

2. Surgery

☐

3. Obstetrics and Gynaecology

☐

4. Paediatrics

☐

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

1. Medicine

☐

2. Surgery

☐

3. Obstetrics and Gynaecology

☐

4. Paediatrics

☐

1st Professional (Optional Subjects)

1. Pak Studies

☐

2. Islamiat

☐

Signature of the Candidate

ASSISTANT CONTROLLER
BUMHS, Quetta