BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

BSN

Write Semester Name

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 photograph here

EXAMINATION FORM OF NURSING
TERMINAL ☐ RESIT ☐ EXAMINATION 20_____.

THE CONTROLLER OF EXAMINATIONS, BUMHS, QUETTA.

I request permission to present myself at the _____ Semester Terminal or Resit 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. _____
9. Email Address. _____
10. **Write the Subjects in which to be examined**

1.	4.	7.
2.	5.	8.
3.	6.	9.

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: -

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 BSN _____ Semester 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
Principal, College of Nursing

ROLL. NO. SLIP OF BSN NURSING SEMENTER

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

Terminal ☐ Resit ☐ Examination 20____.

Admit_____

Son / daughter of _____

Of the Bolan University of Medical &Health Sciences Quetta of the Nursing _____Semester Terminal or Resit Exam,

At _____ Centre.

SELECT THE SUBJECT IN WHICH TO BE APPEARED	SELECT THE PARICTICAL/VIVA VOCE IN WHICH TO BE APPEARED
1.	**1.**
2.	2.
3.	3.
4.	4.
5.	
6.	
7.	

_____

Signature of the Candidate

DEPUTY CONTROLLER (CONDUCT)
BUMHS, Quetta