# BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

**Examination Form**
**BS Cardiac Care Technology**

**Final** ☐ **Resit** ☐

**Roll No.**

**CCT**

**Write Semester Name**

**Attach photograph here**

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

I request permission to present myself at the _____ Semester Final 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

**Roll No: _____ Name: _____ F/Name: _____**

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 _____ 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 of Principal**

# INSTRUCTIONS

1. Each student shall deposit his/her Examination fee individually in HBL Account #. **1649-7992682801**

2. No Examination form shall be accepted without attached copy of Admission Letter, Computerized National Identity Card (CNIC), Students Card, Registration Card and recent (4) photographs of all Male & Female students.

3. Students should get their examination form duly verified and forwarded by the Principal of Institute without which forms will not be entertained.

4. Examination form can be downloaded from official website i.e. www.bumhs.edu.pk

5. Students should get their College dues cleared from accounts Section.