



BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES, QUETTA

NCAT 2024 Special Examination Request Form

CANDIDATE INFORMATION

- **Name:** _____
- **Father's Name:** _____
- **CNIC Number:** _____
- **Local/Domicile:** _____
- **NCAT 2024 Admittance Card/Test Roll Number:** _____
- **Contact Number:** _____
- **Email Address:** _____

REASON FOR MISSING THE TEST

Please select one of the following reasons (tick one):

Medical Emergency

Family Emergency

Travel Issues

Other (please specify): _____

Note

- This form must be submitted within the specified time frame from the date of the missed test.
- The decision of the BUMHS authority shall be final and binding.

DECLARATION

I, _____ hereby declare that the information provided is true and accurate. I understand that any false information may lead to the cancellation of my application.

Date: _____/01/2025.

Signature: _____