



Faisalabad Medical University, Faisalabad

Phone Number: 041-9210068 Email: dce.fmuf@pmc.edu.pk



6 Registration Number

7 Nationality

8 Previous Examination (annual/supplementary –year)

9 Previous Examination Roll No

Subjects in which to appear:

- | | | |
|----|---------|----------|
| 10 | 1. | 6. |
| | 2. | 7. |
| | 3. | 8. |
| | 4. | 9. |
| | 5. | 10. |

11 Mailing Address (mention all relevant inform at like post code etc.)

12	Mobile /Telephone Number (with city code)	E-mail/ Fax #
	<input type="text"/>	<input type="text"/>

13 Appeared in the _____ Professional _____ Annual/ Supplementary Examination 20____ held in _____ under Roll No _____ and filed in the subject (s) of:

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| 5. | 10. |

14	Fee Paid Rs <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mode of Payment <input type="text"/>
	Draft <input type="text"/>	Bank Receipt <input type="text"/>
	Draft/Bank Receipt No: _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		(DD / MM / YYYY)

Note: Attach original Bank Draft/Bank Receipt with this form



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Examination Department



پنجاب میڈیکل کالج، فیصل آباد

Faisalabad Medical University

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Documents to be attached:

I have attached attested copies of the following documents with this form (tick appropriate box)

Certificate of F.S.C

DMC of MBBS of previous Professional

03 photographs size (3x3 cm) attested from front side paste at given place and 01 photograph size (3x3 cm) attested from back side attached with Examination Form

CERTIFICATE BY THE APPLICANT

I hereby solemnly declare that (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: _____

Signature of Applicant

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CERTIFICATE BY THE PRINCIPAL

(I certify that the candidate is eligible in all respects as per Rules & Regulation of University to appear in this examination.

Dated: _____

Signature of Principal (with stamp)