



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

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

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

14 Fee Paid Rs. Mode of Payment Draft Bank Receipt
 Draft/ Bank Receipt No: _____ Date: / /
 (DD / MM / YYYY)

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

15 Documents to be attached:
 I have attached attested copies of the following documents with this form (tick appropriate box)
 Certificate of F. Sc
 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) attach 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 the applicant

15 **CERTIFICATE BY THE PRINCIPAL**

A certificate on a pattern provided below will be sent to the Examination Department not later than two weeks prior to the commencement of the examination. Otherwise Roll # slip / Admittance card shall not be issued to their candidates.

{ 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)



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

ROLL NO SLIP

Roll No: _____
(Office use only)

(FOR SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



Controller of Examinations

Note: Cell/Mobile Phones, Palm Tops, Mini computers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the center superintendent or University administration at examination center.

Signature of the Candidate



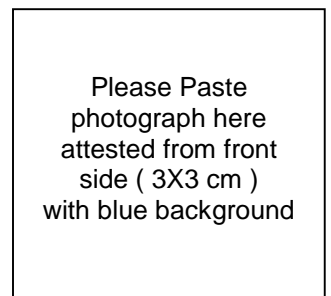
SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY ISLAMABAD

ROLL NO SLIP

Roll No: _____
(Office use only)

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



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Signature of the Candidate