UNIVERSITY OF THE PUNJAB
ADMISSION FORM FOR DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY (D.L.O.) (REGULAR)

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents. Incomplete form will be rejected.

1. Category: Regular __________ Annual/Supplementary, 20 ______

2. Registration No. (Punjab University)

3. Name of Candidate (Block Letters)


5. Father’s Name (Block Letters)


7. Present Address (For correspondence)

8. College Name ............................................................................................................................................

9. Name of Centre (City) (At which to appear)

10. Mention Subject/s in which to appear:

11. Fee Information :

Amount Bank Challan No. Date

Branch Name

12. Previous Examination Information :

<table>
<thead>
<tr>
<th>Examination</th>
<th>Year of Passing</th>
<th>Examination Annual/Supp.</th>
<th>Passed as Full/By Parts</th>
<th>Roll No.</th>
<th>Marks</th>
<th>Division</th>
<th>Board / University</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.B.B.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Registered No. of Medical Council ...........................................................................................................

I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents.

Signature of the Candidate: ___________________________________________ Permanent Address __________

(Permanent Address must be written, otherwise form will be rejected.)

I certify that the applicant has fulfilled the conditions laid down under the Regulations enforced in the year 20_____; that he is of good moral character; that he has signed the application and that his statement above is correct; that he has been engaged in the Practice of Medicine for two years or has worked in ..................................................... Hospital from ...................... to .................................................as a member of the House Staff.

Contact Number: ____________________________

(In case of Female Candidates, contact number of Father/Guardian can also be mentioned)

Name of the Principal: ____________________________________________

C.N.I.C. No. ___________ – ___________ – ___________ –

Signature and Office Stamp

**Please note:** All photographs must be passport size and attested from front. Light blue background (Name and Father's Name must be mentioned on the back side of photographs).
IMPORTANT INSTRUCTIONS

1. The Admission form will be liable to be cancelled if correct Registered No. is not mentioned or if incomplete or incorrect entry is made in the Form. The incomplete Admission Form shall be rejected and returned forthwith. The University shall not take any responsibility for the consequences.

2. Each candidate (Male/Female) must paste two latest identical passport size photographs, (with sky blue background) at the specified places of the Admission form.

3. The Examination begins on the dates as given in the date-sheet. Every candidate must keep his/her National Identification Card with him/her in the Examination Hall while taking the Examination.

4. The Admission form will be entertained only if the attested photo-copy of the Registration card issued by the University is attached with the form alongwith other documents.

5. Un-authorized change of centre is strictly prohibited. If any one changes his/her centre of Examination unfairmeans case shall be registered against such a candidate.

6. No one should appear in the Examination without getting his/her genuine Roll Number Slip. Unfairmeans case shall be registered against those who will violate the above or such other instructions as are issued.

7. The order in which the candidates are seated will be forwarded to the Examiner. As and when a candidate be discovered to have copied from another, he/she will be externed from the Examination as well as the candidate from whom he/she copied if there is reason to suppose that the copying was conceived at by the latter.

8. No candidate, without special permission of the Officer-in-charge shall leave his/her seat or the Examination room till the end of the Examination. No candidate shall speak without permission if it be necessary for the candidate to communicate with the Superintendent, he/she shall stand up in his/her place and the Officer-in-charge will see to his/her wants.

9. Before beginning his/her answer, each candidate shall write on the title page of his/her answer-book the following viz, the subject, the number of the paper, and his/her Roll No. When the time allowed has expired the answer-book must be delivered to the Superintendent, even though the candidate may not have answered any part of the paper.

10. No candidate shall give any mark of identification including his/her Roll Number, Name of College or Centre of Examination in his/her answer-book except at specified places. Such candidates shall also be proceeded against under the University Regulations.

Note: Examination fee through Money Orders, Postal Orders and Cheques shall not be accepted.

Date........................................

........................................

(Signature of the Candidate)