

# UNIVERSITY OF THE PUNJAB

# ADMISSION FORM FOR DIPLOMA IN MEDICAL RADIOLOGY DIAGNOSTIC (D.M.R.D. Part I) (LATE COLLEGE)

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:   | Late (   | College       |                  |                | Ann                 | ual/                    | Sup            | ople                  | eme                     | ent        | ary            | , 2           | 0              |            |        | -              |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
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| 2. Registration No. (Punjab University)                |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   | Ger   | nder           | :      | ····           | /Famal |          |  |
| 3. Name of Candida                                     | ate      |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   | Roll  |                |        |                |        |          |  |
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| 4. C.N.I.C. No.  |          |               |                  | Т              |                     |                         |                |                       | _                       |            | $\top$         |               |                | _          |        |                |        |      |       | $\top$       |          | ,<br>        |           | •      |   |       |                |        | port S         |        | ,,,,     |  |
|  |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   | * Wi  | thou           | t atte | estat          | ion    |          |  |
| 5. Father's Name (Block Letters)                       |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   | * Lig | jht b          | lue    | back           | grou   | ınd      |  |
|  |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   | (Nar  |                |        |                |        |          |  |
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| 6. Father's C.N.I.C.                                   | No.      |               |                  |                |                     |                         |                |                       | -                       |            |                |               |                |            |        |                |        |      |       |              | -        |              |           |        |   |       |                |        |                |        |          |  |
| 7. Present Address                                     |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                | Τ          | $\top$ |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| (For correspondence)                                   |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            | +      |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
|  |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| Permanent District                                     |          |               | T                | T              |                     |                         |                | T                     |                         |            |                | ]             | 1              |            |        |                |        |      |       | ·(           |          | لع<br>لع (أ  | -<br>عز ض | مستد   | L |       | Thu            | ımb    | mpre           | ssio   | n        |  |
| Nationality Nationality                                |          |               |                  |                | Relig               | <sub>iion</sub> [       |                | $\frac{\perp}{\perp}$ |                         |            | T              | J             | T              | <br>]Da    | ate o  | f Rin          | <br>th | Τ    | <br>  | .( <i>).</i> |          | ,, <u>,,</u> | $\top$    | $\Box$ |   |       |                |        |                |        |          |  |
|  |          |               |                  |                |                     | ,,,,,,,                 |                |                       |                         |            |                |               |                | De         |        |                |        |      | (A    | s Per N      | fatric C | ertificati   | 9)        |        |   |       |                |        |                |        |          |  |
| 9. Name of Centre (At which to appear)                 | (City    | )             |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| 10. Mention Subje                                      |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| 11. Fee Information                                    |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| Amount   |          |               | Bar              | ık C           | Challa              | an N                    | o. [           |                       |                         |            |                |               |                | Da         | te     |                | _      |      |       | -            |          |              |           |        |   |       |                |        |                |        |          |  |
| Branch Name  |          |               |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| 12. Previous Exami                                     | natic    | on Info       |                  |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| Examination  |          | Passir        |                  |                | nination<br>al/Supp |                         | asse<br>I/by F | a as<br>Parts         | Ro                      | II N       | o. M           | /lark         | s D            | ivisi      | ion    |                |        | Boa  | ard / | Univ         | ersit    | ty           |           |        |   |       |                |        |                |        |          |  |
| M.B.B.S.<br>L.S.M.F.                                   |          |               | +                |                |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| 13. Registered No                                      | . of I   | Medic         | al C             | Cou            |                     |                         |                |                       |                         |            |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        | hoto<br>port S |        | bh       |  |
| I hereby declare the                                   | at all   | the p         | arti             | cula           |                     |                         |                |                       |                         |            |                |               |                |            | y dif  |                |        | risi | ing ( | out          | of i     | nac          | cura      | асу    |   |       |                |        |                |        |          |  |
| therein, I shall be re                                 | espo     | nsible        | e for            | the            | cons                | sequ                    | ienc           | es.                   | l ha                    | ave        | att            | ach           | ned            | all        | the i  | requ           | ired   | l do | ocur  | men          | ıts.     |              |           |        |   | * Att | teste<br>jht b |        |                |        | und      |  |
| Signature of the                                       | Can      | didate        | e :              |                |                     |                         |                |                       |                         |            |                |               |                | Pe         | erma   | aner           | nt Ad  | ddr  | ess   | ;            |          |              |           |        |   | (Nar  |                |        |                |        |          |  |
|  |          |               | (7)              |                |                     |                         |                |                       | .,,                     |            |                |               |                | 1          |        |                |        |      |       |              |          |              |           |        |   | bac   |                |        |                |        |          |  |
| I certify that is of good moral character of Medi from | ter; th  | atheha<br>for | nt has<br>as sig | s fulf<br>gned | the ap              | ne cor<br>oplica<br>o r | ndition<br>ha  | ons land              | aid d<br>that l<br>work | owi<br>his | n und<br>state | der t<br>emei | the R<br>nt ab | egu<br>ove | ulatio | ns er<br>orrec | t. tha | t he | has   | bee          | n en     | gage         | ed in     | the    |   |       |                |        |                |        |          |  |
| Contact Number:  | $\top$   |               | $\overline{}$    | _              |                     |                         | $\top$         | T                     | Τ                       | ]          |                |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| (In case of Female Candidate                           | e, conta | act numb      | per of           | Fathe          | er/Guard            | dian ca                 | an als         | o be                  | mentio                  | oned       | d)             |               |                |            |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| Name of the Prince                                     | ipal     | :             |                  |                |                     |                         |                | <u>.</u>              |                         |            |                |               |                | 1          |        |                |        |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |
| C.N.I.C. No.   |          |               |                  | -              |                     |                         |                |                       |                         |            |                | -             |                |            |        | Sig            | nat    |      |       |              |          |              |           |        |   |       |                |        |                |        |          |  |



### **INSTRUCTIONS**

### Candidate is directed to read and comply with instructions hereunder before filling the Admission Form.

- 1. The form must be filled in with BLUE ballpoint, don't use ink pen.
- 2. Each Candidate (Male/Female) must paste two latest passport size photographs (with sky blue background) at the specified places of the Admission Form.
- 3. Affix Photograph in correct orientation, because it will be scanned for Computerized System.
- 4. The Form (with fee paid challan) must reach the Punjab University Office within due date otherwise the form will be rejected.
- 5. The Fee is payable through Habib Bank Branches authorized by the University.
- 6. The Examination begins on the date/s 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.
- 7. The Admission Form will be entertained only if the attested photo-copies of Registration Card are previous Result Cards issued by the Punjab University are attached with the Form.
- 8. The incomplete Admission Form shall be rejected, if correct Registered No. is not mentioned or if incomplete or incorrect entry is made in the Form. The University shall not take any responsibility for the consequences.
- 9. Fee through Money Orders, Postal Orders, or Cheques shall not be accepted.

I hereby declare that I have read the above instructions carefully and shall abide by them. I have attached the following documents, dully attested, with the Admission form.

- Copy of Registration Card.
- → Copy of B.A./B.Sc. Result Card / Degree.
- Copy of National Identification Card.

| Date | (Signature of the Candidate) |
|------|------------------------------|



# UNIVERSITY OF THE PUNJAB

FEE RECEIPT FORM FOR DIPLOMA IN MEDICAL RADIOLOGY DIAGNOSTIC (D.M.R.D. Part I) (LATE COLLEGE)

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:                                   | e College |         | Ann      | ual/S   | Supp        | lem     | nent   | tary    | , 20     |           |         | -              |          |        |               |        |             |          |          |        |         |  |         |        |
|--|-----------|---------|----------|---------|-------------|---------|--------|---------|----------|-----------|---------|----------------|----------|--------|---------------|--------|-------------|----------|----------|--------|---------|--|---------|--------|
| 2. Registration No. (Punjab University)        |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          | Ge     | ender   | · (Male  | /Female | ······ |
| 3. Name of Candidate (Block Letters)           |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | (For Offi  |         |        |
| ,  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | (r or one  | 030)    |        |
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| 4. C.N.I.C. No.                                |           |         |          |         |             |         | Τ      | $\top$  |          |           |         |                | <u> </u> | $\top$ | $\overline{}$ | _      | <u>'</u>    |          |          |        |         | Passport S   |         |        |
| 4. C.N.I.C. NO.                                |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          | _        | * V    | Vithout | t attestati  | ion     |        |
| 5. Father's Name (Block Letters)               |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          | * Li   | ight b  | lue back   | grou    | nd     |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | nd Fathe   |         |        |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        | :             | میں)   | ) (اُردو    | لدكانام  | واا      |        |         | mention<br>e of pho  |         |        |
| 6. Father's C.N.I.C. No                        | D         |         |          |         |             | _       |        |         |          |           |         |                |          |        |               | _      |             |          |          |        |         |  |         |        |
| 7. Present Address (For correspondence)        |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          | 7        |        |         |  |         |        |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          | 1        |        |         |  |         |        |
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| Permanent District                             |           |         |          |         |             |         |        |         | ]        |           |         |                |          |        | :(ر           | روومير | ىلع (أر     | ستقل     | ^        |        | Thu     | ımb İmpre  | ession  | ı      |
| Nationality                                    |           |         | Relig    | ion     |             | T       |        |         | <i>.</i> |           | ate c   |                |          |        | -             | T-     |             |          |          |        |         |  |         |        |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        | Certificate |          | <u>-</u> |        |         | r fee.   | .       |        |
| 8. College Name                                |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             | -        |          |        |         | authorized to collect Examination fee.  Bank Challan backside of this nage |         |        |
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| 9. Name of Centre (Cit<br>(At which to appear) |           |         |          |         |             |         | (      | This co | lumn m   | ust be fi | lled)   |                |          |        |               |        |             |          | •••      |        |         | authorized to collect Exal<br>Sank Challan<br>backside of this             | 5       |        |
| 10. Mention Subject/s                          |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | dtoc<br>Shal   | 2       |        |
| Physics  11. Fee Information:                  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | nk C   |         |        |
| Amount   | E         | Bank C  | Challa   | n No    | ). <u> </u> |         |        |         |          | D         | ate [   |                | -        |        | -             | -      |             |          |          |        |         |  | -       |        |
| Branch Name                                    |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         | Stare<br>inal  |         |        |
| I hereby declare the of this form & hav        |           |         |          |         |             |         |        |         |          |           | 3ank    | Cl             | nalla    | an c   | n t           | he     | bacl        | ksid     | е        |        |         | all on-line branches of HBL are Original must be pasted on                 | 2       |        |
| Signature of the Car                           | ndidate   | :       |          |         |             |         |        |         |          | P         | erma    | anen           | ıt Ad    | dres   | ss            |        |             |          | ٦        |        |         | ranch<br><b>Pe</b>   |         |        |
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|  | (         | Permane | ent Addı | ress mu | ıst be v    | vritten | , othe | erwise  | form     | will be   | rejecte | d.)            |          |        |               |        |             |          | _        |        |         | all or   | •       |        |
| Name of the Attesti                            | ng Auth   | ority   | :        |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         |  |         |        |
| C.N.I.C. #:                                    |           | -       |          |         |             |         |        | -       | -        |           | ;       |                | atuı     |        |               |        |             |          |          |        |         |  |         |        |
|  |           |         |          | Т       | ОВ          | ΕF      | ILL    | ED      | ) IN     | BY        | THE     | E C            | ANI      | DID    | ATI           | Ξ      |             |          |          |        |         |  |         |        |
| Serial No. (for office use                     | )         |         |          |         |             |         | _      |         |          | Se        | erial N | <b>lo</b> . (f | or offi  | ce us  | e)            |        |             |          |          |        |         |  |         |        |
| Name:  |           |         |          |         |             |         |        |         |          | Na        | ame:    |                |          |        |               |        |             |          |          |        |         |  |         |        |
| Address :                                      |           |         |          |         |             |         |        |         |          | Ac        | ldres   | s:             |          |        |               |        |             |          |          |        |         |  |         |        |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         |  |         |        |
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| Serial No. (for office use                     | )         |         |          |         |             |         | _      |         |          | Se        | erial N | <b>lo</b> . (f | or offi  | ce us  | e)            |        |             |          |          |        |         |  |         |        |
| Name:  |           |         |          |         |             |         |        |         |          | Na        | ame:    |                |          |        |               |        |             |          |          |        |         |  |         |        |
| Address :                                      |           |         |          |         |             |         |        |         |          | Ac        | ldres   | s:             |          |        |               |        |             |          |          |        |         |  |         |        |
|  |           |         |          |         |             |         |        |         |          |           |         |                |          |        |               |        |             |          |          |        |         |  |         |        |
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# All On-line Habib Bank Limited Branches are authorized to collect Examination fee.

# PASTE ORIGINAL BANK CHALLAN HERE

# FOR OFFICE USE

| Actual Amount Due | Amount Received | Receipt Number | Date | Amount Still Due |
|-------------------|-----------------|----------------|------|------------------|
|                   |                 |                |      |                  |
| Admission Fee     |                 | Late Fee       |      |                  |

# Reference made by the office to the defaulter:

| Letter Number   | Date |  |
|-----------------|------|--|
|                 |      |  |
| Reminder Number | Date |  |

# **IMPORTANT INSTRUCTIONS:**

- 1. Candidate is instructed to fill in the Admission & Fee Receipt Forms carefully. Incomplete forms shall be rejected and returned forthwith. The Forms will be considered to have reached the University Office when these are received complete in all respects. In all other cases, double fee will be charged accordingly.
- 2. The fee is payable through the Habib Bank Ltd. (University Branch) Lahore, or the Habib Bank Ltd. Branch of the home-town concerned in the case of Mofussil Candidates, only on the bank challan prescribed for the University.
- 3. Money Orders, Postal Orders and Cheques shall not be accepted.