



UNIVERSITY OF THE PUNJAB

ADMISSION FORM FOR DOCTOR OF MEDICINE EXAMINATION (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 _____ Annual/Supplementary, 20 _____ Part: _____ (I & II)

2. Registration No. _____
(Punjab University)

Gender : _____
(Male/Female)

3. Name of Candidate _____
(Block Letters)

Roll No: _____
(For Office Use)

4. C.N.I.C. No. _____

5. Father's Name _____
(Block Letters)

6. Father's C.N.I.C. No. _____

7. Present Address _____
(For correspondence)

Permanent District _____

Nationality _____ Religion _____ Date of Birth _____
(As Per Matric Certificate)

8. Name of the Institute _____

9. Name of Centre (City) _____
(At which to appear) (This column must be filled)

10. Subjects in which to be examined :

1. The Principles and Practice of Medicine including Therapeutics.
2. Medical Pathology and Bacteriology
3. One of the special subjects : -

(a) Psychiatry	(g) Dermatology
(b) Neurology	(h) Advanced Pathology Bacteriology
(c) Tropical Diseases and Helminthology	(i) Haematology
(d) Pediatrics (Diseases of Children)	(j) Tuberculosis; or
(e) Advanced Physiology and Bio-Chemistry	(k) Any other branch of medicine approved by the Board of Studies in Medicine.
(f) Advanced Pharmacology and Therapeutics	

11. Fee Information :

Amount _____ Bank Challan No. _____ Date _____
Branch Name _____

12. Subject of Thesis _____ approved vide letter No. _____
Dated _____

13. Date of acceptance if any _____

14. Candidate whose Thesis was accepted _____ Year _____ Roll No. _____
but who failed in the examination should _____ Subject of Thesis _____

15. Year of passing the Final Professional M.B.,B.S. Examination _____ under Roll No. _____

Signature of the Candidate : _____ Permanent Address _____

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

I certify that applicant has fulfilled the requirements contemplated under the Regulations in force in the year of 20.....; That he is of good moral and professional character approved by the Medical Faculty; that he has signed this application in my presence; that his correct; and that he has been permitted by the University to appear in the M.D. Examination vide

Contact Number: _____

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

(Name of the Chairman/Director/Principal of the Department/Institute/College)

C.N.I.C. No. _____

Signature and Office Stamp

Paste Photograph
(Passport Size)

* Without attestation
* Light blue background

(Name and Father's Name must be mentioned on the back side of photographs)

Thumb Impression

Paste Photograph
(Passport Size)

* Attested from front
* Light blue background

(Name and Father's Name must be mentioned on the back side of photographs)

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. Deposit the required amount of fee in any branch of Habib Bank Limited.
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 & Cheques shall not be accepted.***

I hereby declare that I have read the above instructions carefully and shall abide by them.

Date.....

.....
(Signature of the Candidate)



UNIVERSITY OF THE PUNJAB

FEE RECEIPT FORM FOR DOCTOR OF MEDICINE EXAMINATION (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 Annual/Supplementary, 20 Part: (I & II)

2. Registration No.
(Punjab University)

Gender :.....
(Male/Female)

3. Name of Candidate
(Block Letters)

Roll No:.....
(For Office Use)

.....: امیدوار کا نام (اردو میں)

4. C.N.I.C. No. - -

Paste Photograph
(Passport Size)

5. Father's Name
(Block Letters)

* Without attestation
* Light blue background

.....: والد کا نام (اردو میں)

6. Father's C.N.I.C. No. - -

(Name and Father's Name must be mentioned on the back side of photographs)

7. Present Address
(For correspondence)

Permanent District : مستقل ضلع (اردو میں)

Nationality Religion Date of Birth - -
(As Per Matric Certificate)

Thumb Impression

8. Name of the Institute.....
.....: نام ادارہ (اردو میں)

9. Name of Centre (City).....
(At which to appear) (This column must be filled)

10. Subjects in which to be examined

1. The Principles and Practice of Medicine including Therapeutics.
2. Medical Pathology and Bacteriology
3. One of the special subjects : -

- | | |
|---|--|
| (a) Psychiatry | (g) Dermatology |
| (b) Neurology | (h) Advanced Pathology Bacteriology |
| (c) Tropical Diseases and Helminthology | (i) Haematology |
| (d) Pediatrics (Diseases of Children) | (j) Tuberculosis; or |
| (e) Advanced Physiology and Bio-Chemistry | (k) Any other branch of medicine approved by the Board of Studies in Medicine. |
| (f) Advanced Pharmacology and | |

11. Fee Information :

Amount Bank Challan No. Date - -

Branch Name

Signature of the Candidate :..... Permanent Address

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

(Name of the Chairman/Director/Principal of the Department/Institute/College)

C.N.I.C. No. - -

Signature and Office Stamp

TO BE FILLED IN BY THE CANDIDATE

Serial No. (for office use)

Name:

Address :

Serial No. (for office use)

Name:

Address :

Serial No. (for office use)

Name:

Address :

Serial No. (for office use)

Name:

Address :

all on-line branches of HBL are authorized to collect Examination fee.
Original Bank Challan
must be pasted on backside of this page.

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.*