



# UNIVERSITY OF THE PUNJAB

ADMISSION FORM DIPLOMA IN MEDICAL RADIOLOGY THERAPEUTICS (D.M.R.T.)

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 Annual/Supplementary, 20

2. Registration No. (Punjab University)

3. Name of Candidate (Block Letters)

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

8. College Name (With City)

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

10. Mention Subject/s in which to appear:-
1. Applied physics, Therapy Techniques & Radiobiology
2. Clinical Radio Therapy and applied Pathology

11. Fee Information :
Amount Bank Challan No. Date
Branch Name

12. Previous Examination Information :
Table with columns: Examination, Year of Passing, Examination Annual/Supp., Passed as full/by Parts, Roll No., Marks, Division, Board / University

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

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 Candidate, contact number of Father/Guardian can also be mentioned)

Name of the Principal : C.N.I.C. No.

Signature and Office Stamp

Gender : (Male/Female)

Roll No: (For Office Use)

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. 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 DIPLOMA IN MEDICAL RADIOLOGY THERAPEUTICS (D.M.R.T.) 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 \_\_\_\_\_ Annual/Supplementary, 20 \_\_\_\_\_

2. Registration No. \_\_\_\_\_  
(Punjab University)

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

3. Name of Candidate \_\_\_\_\_  
(Block Letters)

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

**Paste Photograph**  
(Passport Size)

\* Without attestation  
\* Light blue background

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

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)

Thumb Impression

Permanent District \_\_\_\_\_ مستقل ضلع (اردو میں):

Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As Per Matric Certificate)

8. College Name \_\_\_\_\_  
(With City) نام کالج بمعہ شہر (اردو میں):

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

10. Mention Subject/s in which to appear:-  
1. Applied physics, Therapy Techniques & Radiobiology  
2. Clinical Radio Therapy and applied Pathology

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 Attesting Authority : \_\_\_\_\_

C.N.I.C. # : \_\_\_\_\_

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.*