



**10****Subjects in which to be examined:** Part-I Part-II Part-III**11**

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****12****Documents to be attached:**

I have attached attested copies of the following documents with this form (tick appropriate box)

 Degree of MBBS DMC/Notification of previous result (for candidates of Part II, Part III and repeater of Part I) 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 admission form.

 A certificate by the Principal/Head of the Institution that the candidate has attended at least 75% of the Lectures, Seminars, Practical/Clinical demonstrations Original Log Book complete in all respect and duly signed by the Supervisor (For Oral & practical/clinical Examination for the candidates who are eligible to appear in Part III Examinations only) Degree of FCPS/MRCS/Diplomat/Equivalent Qualification in General Surgery (if any)

(For the candidates who are eligible to appear in Part III Examination only)

**Note:**

A candidate holding FCPS/MRCS/Diplomat/equivalent qualification in General Surgery shall be exempted from Part-I & Part-II Examinations and shall be directly admitted to Part-III Examinations, subject to fulfillment of requirements for the examination (Except MS General Surgery).

**13****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**14****CERTIFICATE BY THE DEAN/PRINCIPAL**

I certify that the candidate is eligible in all respects as per Rules & Regulation of PMDC & University of Health Sciences, Lahore to appear in this examination.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Dean  
(With official stamp/Seal)



UNIVERSITY OF HEALTH SCIENCES  
Lahore

Roll No : \_\_\_\_\_

(Office use only)

**Roll NO SLIP**

(FOR SUPERINTENDENT)

Examination: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Subjects in which to be examined: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Paste  
photograph here  
attested from front  
side (3X3 cm) with  
blue background

**Controller of Examinations**

**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers 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 centre superintendent or University administration at examination centre.

\_\_\_\_\_  
**Signature of the Candidate**



UNIVERSITY OF HEALTH SCIENCES  
Lahore

Roll No : \_\_\_\_\_

(Office use only)

**ROLL NO SLIP**

(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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photograph here  
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\_\_\_\_\_  
**Signature of the Candidate**