NATIONAL UNIVERSITY OF MEDICAL SCIENCES

NIASR, 1- Abid Majeed Road, Rawalpindi Cantt, Rawalpindi, Phone No (Off) 051-9270689

EXAMINATION ADMISSION FORM

IMPORTANT INSTRUCTIONS:

- The appropriate form shall be forwarded to the Office of the Controller of Examinations.
- The name of candidate and his/her father be **written correctly** as per Matric/Equivalence Certificate.
- Candidate to fill form in own hand writing, legibly and correctly. Avoid overwriting.
- Use black ink and write clearly in CAPITAL letters. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- **Incomplete / incorrect admission form may be cancelled**. The University shall not take any responsibility for the consequences.
- ***Attach original fee deposit receipt*** with this form. The exam fee must be deposited in account number **12367980549003**, account tittle **NUMS Fee**, Habib Bank Ltd, Kashmir Road, Rawalpindi
- Three (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 this Form.
- Examination Fee structure is given below. Write the fee in required column

Photograph 3 x 3 cm

Roll No(For Official Use Only) Serial No: .....

Program: ..... Prof / semester: ..... Annual / Supply: .....

Name:

Father's Name:

Institution:

NUMS Registration No:

Nationality **CNIC** - -

Telephone No: ..... **Email:** .....

Mailing Address: .....

Subjects in which to be examined

Tick whichever is applicable **Annual** ☐ **Semester System** ☐

S No	Subjects	Attendance %	Fee	S No	Subjects	Attendance %	Fee
1				5			
2				6			
3				7			
4				8			

Total Fee: **Receipt No:** **Dated:**

I hereby solemnly declare that the information provided by me in this form are true and correct to the best of my knowledge and belief. I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me.

Date: ..... **Signature of the Applicant**

CERTIFICATE BY THE HEAD OF INSTITUTION

1.I hereby certify that the applicant has fulfilled the conditions laid down under the Statutes enforced in the year of Examination: The candidate is of good moral character, has signed this application in my presence and the statement above is correct.

2. The candidate is eligible to appear in the said examination and has **≥75%** or **≥85%** attendance applicable as per policy (**MBBS, BDS, Nursing**) and has **≥75%** attendance / subject (Semester System ref para 2) during the academic session.

3. The candidate has deposited exam fee Rs ..... with (NUMS / institute) vide receipt no ..... dated ..... (NUMS A/C No. 12367980549003 Habib Bank, Kashmir Road Branch Rawalpindi) deposit slip attached.

Date: ---------- **Signature / Stamp (Head of Institute / Dean)** ----------

Fee Structure

Program	Normal Fee	Late Fees
MBBS/BDS/BS(Genetics Microbiology & Biotechnology)/BS (Public Health/HND/Psy)	**Rs 2000 / Paper**	**Rs 4000 / Paper**
MSPH/Dip Card/Clinical Certification in IR	**Rs 2400 / Paper**	**Rs 4800 / Paper**
BS CPT/MLT/MIT/Emergency/BTT	**Rs 1200 / Paper**	**Rs 2400 / Paper**
BSc Nursing Generic / Post RN (Civilian)	**Rs 1800 / Paper**	**Rs 3600 / Paper**
BSc Nursing Generic / Post RN (Cadets)	**Rs 900 / Paper**	**Rs 1800 / Paper**
MSc/ Cardiac Anesthesia/ MS Transfusion Medicine/ MS Clinical Fellowship	**Rs 2160 / Paper**	**Rs 4320 / Paper**
MS / M.Phil / MSN	**Rs 3240 / Paper**	**Rs 6480 / Paper**
PhD	**Rs 4560 / Paper**	**Rs 9120 / Paper**

NUMS
NATIONAL UNIVERSITY
OF MEDICAL SCIENCES
رہبرِ ترقی و کمال

ADMIT CARD

Photograph 3 x 3 cm

Roll Number allotted: (For Official Use Only)_____

Examination:_____ **Centre of Examination:** _____

Name: _____

Reg No:_____ **CNIC:** _____

Name of Institute:_____ **Passport no** (foreigners Only) **:** _____

Subjects in which to be examined	
1.	**2.**
3.	**4.**
5.	**6.**
7.	**8.**

_____
Student Signature

_____
Deputy Controller Examinations

NUMS
NATIONAL UNIVERSITY
OF MEDICAL SCIENCES
رہبرِ ترقی و کمال

ADMIT CARD

Photograph 3 x 3 cm

Roll Number allotted: (For Official Use Only)_____

Examination:_____ **Centre of Examination:** _____

Name: _____

Reg No:_____ **CNIC:** _____

Name of Institute:_____ **Passport no** (foreigners Only) **:** _____

Subjects in which to be examined	
1.	**2.**
3.	**4.**
5.	**6.**
7.	**8.**

_____
Student Signature

_____
Deputy Controller Examinations

Print on Reverse Side

IMPORTANT INSTRUCTIONS

Cell phones / Smart Watch / Electronic Gadgets are strictly prohibited.

Penalties: Cancellation of relevant paper.

Debarred to appear in that examination from one to three years.

Books / notes are strictly prohibited.

Penalties: Cancellation of relevant paper. Debarred to appear in that examination for one year, besides fine as determined by the University.

Weapons/arms are strictly prohibited.

Penalties: Cancellation of all papers of the relevant exam and debarred from appearing in the next one to five examinations, besides fine as determined by the University or disqualified to appear from any medical university.

Note: Any candidate who is responsible of creating disturbance of any kind himself/herself or through somebody else or by any other means, during the examination can be penalized as follows.

Cancellation of all papers of the relevant exam and debarred from appearing in the next one to three examinations, besides fine as determined by the University.

Print on Reverse Side

IMPORTANT INSTRUCTIONS

Cell phones / Smart Watch / Electronic Gadgets are strictly prohibited.

Penalties: Cancellation of relevant paper.

Debarred to appear in that examination from one to three years.

Books / notes are strictly prohibited.

Penalties: Cancellation of relevant paper. Debarred to appear in that examination for one year, besides fine as determined by the University.

Weapons/arms are strictly prohibited.

Penalties: Cancellation of all papers of the relevant exam and debarred from appearing in the next one to five examinations, besides fine as determined by the University or disqualified to appear from any medical university.

Note: Any candidate who is responsible of creating disturbance of any kind himself/herself or through somebody else or by any other means, during the examination can be penalized as follows.

Cancellation of all papers of the relevant exam and debarred from appearing in the next one to three examinations, besides fine as determined by the University.