



**LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCE
JAMSHORO-SINDH**

Note: this form is liable to be rejected if all entries regarding full name. Subject, terms, exemption etc, are not fully and clearly mentioned in the form and also on any other ground by the University authorities at any stage before the commencement of Examination

EXAMINATION FORM FOR POSTGRADUATE DIPLOMA

Titled

e- Diploma Family Health Care

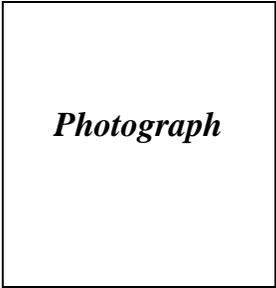
2013- 2014

I have paid Rs. (Rupees.....) as Examination Fee

Vide Challan/ Bank Draft No. dated: (Copy attached).

To,

**The Controller of Examinations,
(Postgraduate Studies)
Liaquat University of Medical & Health Science,
Jamshoro, Sindh, Pakistan**



Photograph

Sir,

I request permission to present myself at the ensuing in Diploma Family Health Care Regular / Resit Examination

..... at the LUMHS Center, in the following components.

- 1.
- 2.
- 3.

FOR REPEATER CANDIDATE

I appeared in Diploma Family Health Care Regular / Resit Examination in

under Seat No. and failed.

PERSONAL DETAILS

| | | |
|---|---------------|----------------------|
| Name in full in Capital letters beginning with first name | Name | <input type="text"/> |
| | Father's Name | <input type="text"/> |
| | Surname | <input type="text"/> |

| | |
|--|----------------------|
| Computerized National Identity Card No. (CNIC) | <input type="text"/> |
|--|----------------------|

| | | | |
|---|----------------------|---------------|----------------------|
| <i>In Case of Foreigner:</i> Passport No. | <input type="text"/> | Date of Issue | <input type="text"/> |
|---|----------------------|---------------|----------------------|

| | | | | | |
|----------|----------------------|-----|---|-------------|----------------------|
| Religion | <input type="text"/> | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality | <input type="text"/> |
|----------|----------------------|-----|---|-------------|----------------------|

| | |
|----------------|----------------------|
| Postal Address | <input type="text"/> |
|----------------|----------------------|

| | | | |
|-------|----------------------|------------|----------------------|
| Email | <input type="text"/> | Cell phone | <input type="text"/> |
|-------|----------------------|------------|----------------------|

| <u>Examination passed</u> | <u>Seat No.</u> | <u>Year</u> | <u>Name of Institution</u> | <u>Name of University</u> |
|---------------------------|-----------------|-------------|----------------------------|---------------------------|
| Final Prof: MBBS | | | | |

If I am permitted to appear at the examination, I undertake to submit without demur or protest to the decisions of the Liaquat University of Medical Health Science, Jamshoro as far as the Examination and its results are concerned. I further do hereby declare that this form is in accordance with the provisions of the Liaquat University of Medical & Health Sciences Charter and the rules and regulations framed there under and in case, any error or irregularity is detected in the form at any stage before the commencement of the examination.

Yours Obediently,

Date:.....

(Signature)

Certificate of eligibility criteria signed by the focal person of DFHC.

1. I certify that Dr. has attended 75% of lecturers required for DFHC course during academic year , his/her date of admission in the course is
2. He / She appeared at the DFHC Regular / Resit Examination in the year and failed.
His/ Her previous Seat No. was
3. Certified that he candidate has compiled with all the conditions, rules, regulations and instructions issued and the form has been filled correctly.
4. Certified that candidate has paid tuition fee of both semesters.
5. Certified that candidate has attended workshops on BLS and Neonatal Resuscitation.
6. Original Bank Challan / Bank draft of duly Paid prescribed Examination fee is attached.
7. I also certify that he/she is, to the best of my knowledge, a person of good character and has my permission to appear at the ensuing examination for the Diploma Family Health Care Examination in

Signature & Stamp of
Focal Person (DFHC)

Signature & Stamp of
Controller of Examinations
(Postgraduate Studies)

Dated 20

IMPORTANT INSTRUCTIONS FOR FILLING UP THE EXAMINATION FORM

1. This form will be rejected if the entries regarding full name, subjects and other items of information are not clearly mentioned in the form and if the required Documents, which are also provided in this Form are not properly filled in and are not authenticated by the proper authorities.
2. Form submitted after the prescribed date shall not be accepted.
3. Whatever is indicated in the form shall be considered as final.
4. Form should be thoroughly checked before it is forwarded to the Examination Department, Liaquat University of Medical & Health Sciences, Jamshoro. The entire responsibility for any eventual mishap at the Examination on account of any inaccuracy or omission in the form shall be on the candidate.
5. The authorities of Liaquat University of Medical & Health Sciences shall not be responsible for any eventual mistake, in the result of candidate, if the Form is not correctly filled in, and if there is any omission of subject / papers of the material fact.



**LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES
JAMSHORO-SINDH**

Center

SEAT NO.

ADMIT CARD

Please admit Dr.

S/o, D/o, W/o

Surname..... C.N.I.C No.

at the DFHC Regular/Resit Examination 20

at LUMHS Center in following Components:

1.

2.

3.

Photograph

Focal Person(DFHC)

Signature of the Candidate

Controller of Examinations
(Postgraduate Studies)



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IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates should present himself / herself at the place of Examination at least half an hour before the Time fixed for the paper.
 2. Candidates are instructed to present the Admit Card issued by the University and the National Identity Card in each paper.
 3. Candidates are forbidden to take any Book, Notes, Printed material or Mobile Phone in Examination Hall.
 4. Candidates must bring their own Pen, Pencils, Rubbers and other Stationary articles.
 5. No candidate is permitted to leave the Examination Hall until half and hour after the question papers are distributed. The candidates shall not be allowed to move out during the last ten minutes of the Examination.
 6. The candidates shall not be permitted to leave their seats on any account. If any candidate wants any thing he / she may draw the attention of the Invigilator by standing up.
 7. Smoking is prohibited in the Examination Hall.
 8. The candidate shall not be allowed to appear in any Examination Center except the center mentioned in the Admit Slip issued by the University. Any change of center shall only be valid if duly notified by the Controller of Examinations, LUMHS Jamshoro.
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