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|  | | | **MID TERM EVALUATION** |
| LUMHS LOGO | **LIAQUAT UNIVERSITY OF MEDICAL AND HEALTH SCIENCES**  JAMSHORO – SINDH – PAKISTAN | | |
| ***Note:*** *This form is liable to be rejected if all entries regarding full name, subject terms, exemption etc are not fully and clearly mentioned and also on any other ground by the university authorities at any stage before the commencement of Examination.* | | **SEAT No.** | |
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**EXAMINATION FORM FOR MTE (MID TERM EVALUATION)**

**JANUARY/JULY** Click here to enter text.

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| **TITLE OF COURSE** Click here to enter text. |

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| I have paid Rs. \_\_\_\_\_\_\_\_\_\_\_\_ /- (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/-) as Examination Fee Challan/Bank Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Original Office Copy attached).***  To  **The Controller of Examination (PG)**  Liaquat University of Medical & Health Sciences  Jamshoro, Sindh | ***Attach three Photographs*** |

Sir/Madam,

I request for permission to present myself at the ensuing MTE (Mid Term Evaluation) Examination in the discipline of Click here to enter text. at LUMHS Center.

**PERSONAL DETAILS**

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| **NAME** Click here to enter text. | | | | | |
| **FATHER’S NAME** Click here to enter text. | | | | | |
| **SURNAME** Click here to enter text. | | | | | |
| **CNIC** Click here to enter text. | | | | **NATIONALITY** Click here to enter text. | |
| **PASSPORT NO.** (IN CASE OF FOREIGNERS) Click here to enter text. | | | | **ISSUANCE DATE** Click here to enter text. | |
| **RELIGION** Click here to enter text. | | | | **GENDER** MALE FEMALE | |
| **ENROLMENT NO.** Click here to enter text. | | | | **ISSUANCE DATE** Click here to enter text. | |
| **ELIGIBILITY CERTIFICATE NO.** Click here to enter text. | | | | **ISSUANCE DATE** Click here to enter text. | |
| **ADDRESS** Click here to enter text. | | | | | |
| **PHONE NO.** Click here to enter text. | | | **MOBILE NO.** Click here to enter text. | | |
| **EMAIL ADDRESS** Click here to enter text. | | | | | |
| **EXAMINATION PASSED** | **SEAT NO.** | **YEAR** | **INSTITUTION** | | **UNIVERSITY** |
| **FINAL PROF. MBBS** | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| **OTHER MEDICAL EXAMINATION** | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. |

*If I am permitted to appear at the examination, I undertake to submit without demur or protest the decision of the Liaquat University of Medical & Health Sciences, Jamshoro as far as the examination and its results are concerned.*

*I further do hereby declare that this form is in accordance with the provision of the Liaquat University of Medical & Health Sciences, Jamshoro and the rules and regulation framed thereunder and in case any error or irregularity is detected in the form at any stage before commencement of examination the form shall be liable to be rejected and I shall abide the decision.*

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| **DATED** Click here to enter text. | **SIGNATURE OF THE CANDIDATE** |

**CERTIFICATE TO BE SIGNED BY THE**

**CONCERNED SUPERVISOR, CHAIRMAN/CHAIRPERSON AND**

**DIRECTOR POSTGRADAUTE MEDICAL CENTER LUMHS, JAMSHORO**

1. I certify that Dr. Click here to enter text.S/O, D/O, Click here to enter text.

has attended 75% of Lectures / Practical and other classes in this institution required completed required for MTE.

1. Discipline in Click here to enter text. During the academic year Click here to enter text.
2. The date of admission in the course is Click here to enter text.

**OR**

1. The candidate had appeared at the MTE Discipline Examination in Click here to enter text.
2. January/July Examination in the year Click here to enter text.and failed.
3. Seat Number of candidate was Click here to enter text.
4. Certified that the candidate has complied with all the conditions, rules, regulations and instructions issued and the form has been filled correctly and properly.
5. I also certify that the candidate is to the best of my knowledge, a person of good character and has my permission to appear at the ensuring examination for MTE Examination.
6. Certified that the candidate has cleared all dues of PGMC LUMHS/Concerned Institution.

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| ***Signature & Stamp***  **CONCERNED**  **SUPERVISOR** |  | ***Signature & Stamp***  **CONCERNED**  **CHAIRMAN/CHAIRPERSON** |  | ***Signature & Stamp***  **DIRECTOR, PGMC**  **LUMHS JAMSHORO** |

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| **DATED** Click here to enter text. |

**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 are not provided in this form.
2. Form submitted after the prescribed date shall not be accepted.
3. Whatever is indicated in the form shall be considered as final.
4. The exemptions once exercised by a candidate shall be considered final.
5. All entries in the form should be made in **BLOCK LETTERS**.
6. Form should be thoroughly checked before it is forwarded to the Examination Department, Liaquat University of Medical & Health Sciences, Jamshoro. The entries and responsibility for any eventual mishap at the Examination on account of any inaccuracy or omission in the form shall be on the candidate.
7. 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.