|  |  |
| --- | --- |
| 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.** |
| Click or tap here to enter text. |

**EXAMINATION FORM FOR POSTGRADUATE DEGREE / DIPLOMA PROGRAM (SESSION: APRIL / OCTOBER 20\_\_\_\_\_\_\_)**

|  |  |
| --- | --- |
| **TITLE / COURSE** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| CHALLAN # | Click or tap here to enter text. |

To **The Controller of Examination (PG)** Liaquat University of Medical & Health Sciences Jamshoro, Sindh | ***Paste One Photograph & Attach two***  |

Sir/Madam,

 I request for permission to present myself at the ensuing **Degree / Diploma Examination** inClick or tap here to enter text.at Liaquat University of Medial & Health Sciences, Jamsoro in following subjects/papers:

|  |  |  |  |
| --- | --- | --- | --- |
| **01.** | Click or tap here to enter text. | **02.** | Click or tap here to enter text. |
| **03.** | Click or tap here to enter text. | **04.** | Click or tap here to enter text. |
|  |  |  |  |

**FOR REPEATER CANDIDATES**

 I appeared in Degree / Diploma Click or tap here to enter text. April / October

Examination in Click or tap here to enter text. under Seat No.Click or tap here to enter text. and failed.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME** | Click or tap here to enter text. |
| **S/o, D/o, D/o** | Click or tap here to enter text. |
| **SURNAME** | Click or tap here to enter text. |
| **CNIC** | Click or tap here to enter text. | **SEX** | Choose an item. |
| **ENROLMENT NO** | Click or tap here to enter text. | **ELIGIBILITY CERTIFICATE. #** | Click or tap here to enter text. |
| **MOBILE NO:** | Click or tap here to enter text. | **DATE OF ADMISSION** | Click or tap here to enter text. |
| **RELIGION:** | Click or tap here to enter text. | **NATIONALITY** | Click or tap here to enter text. |
| **ADDRESS:** | Click or tap 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.*

|  |
| --- |
| **SIGNATURE OF THE CANDIDATE** |

**CERTIFICATE TO BE SIGNED BY THE CONCERNED PROFESSOR/SUPERVISOR/CHAIRPERSON/DIRECTOR, POSTGRADUATE MEDICAL CENTRE/HEAD OF INSTITUTION AT WHICH CANDIDATE HAS ATTENDED THE COURSE**

1. I certify that Dr. Click or tap here to enter text.

S/O, D/O, W/O Click or tap here to enter text.

has attended 75% Lectures/Practical and other classes in this Institution required for the Diploma / Degree course in Click or tap here to enter text. during the Academic Year 20Click or tap here to enter text. His / Her Date of Admission in course is Click or tap here to enter text.

1. Certified that the candidate has complied with all the conditions, rules, regulations and instructions issued and the form has been filled correctly and properly.
2. 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.
3. Certified that the candidate has cleared all dues.

|  |  |  |
| --- | --- | --- |
| ***Signature with Stamp*** **Concerned Professor / Supervisor** | ***Signature with Stamp*** **Chairman/Chairperson/Incharge concerned Department** | ***Signature with Stamp*** **Director Postgraduate Medical Centre LUMHS/Head of Institution** |

**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.