UNIVERSITY OF THE PUNJAB

ADMISSION FORM DIPLOMA IN MEDICAL RADIOLOGY THERAPEUTICS (D.M.R.T.) Part II

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents. Incomplete form will be rejected.

1. Category: _____ Annual/Supplementary, 20____
Regular/Late College

2. Registration No. *(Punjab University)*

3. Name of Candidate *(Block Letters)*

4. N.I.C. No. ___ ___ ___ ___ ___ – ___ ___ ___ ___ ___ ___ ___ – ___

5. Father's Name *(Block Letters)*

6. Father's N.I.C. No. ___ ___ ___ ___ ___ – ___ ___ ___ ___ ___ ___ ___ – ___

7. Present Address *(For correspondence)* .....

.....

.....

Gender: .....
(Male/Female)

Roll No: .....
(For Office Use)

Paste Photograph
(Passport Size)

* Without attestation

* **Light blue background**

Permanent District ..... Date of Birth.....
(As Per Matric Certificate)

Nationality..... Religion .....

8. Name of the Institution.....

9. Name of Centre..... *(This column must be filled)*
(At which to appear)

10. Mention Subject/s in which to appear:-

1. Applied physics, Therapy Techniques & Radiobiology
2. Clinical Radio Therapy and applied Pathology

Thumb Impression

11. Fee Information:

Amount..... Bank Challan No..... Date.....

Branch Name.....

12. Previous Examination Information:

Examination	Year of Passing	Examination Annual/Supp.	Passed as full/by Parts	Roll No.	Marks	Division	Board / University
D.M.R.T. Part I							
M.B.B.S.							
L.S.M.F.							

13. Registered No. Of Medical Council.....

I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents.

Paste Photograph
(Passport Size)

* Attested from front

* **Light blue background**

Signature of the Candidate:..... Permanent Address:.....

.....
(Permanent Address must be written, otherwise form will be rejected.)

I certify that the applicant has fulfilled the conditions laid down under the Regulations enforced in the year 20.....; that he is of good moral character; that he has signed this application and that his/her statement on the above is correct. That he has been engaged in the Practice of Medicine for two years or has worked in ..... Hospital from.....to.....as a member of the House Staff.

(Name of the Principal) .....

N.I.C. # : ___ ___ ___ ___ ___ – ___ ___ ___ ___ ___ ___ ___ – ___

.....
Signature and Office Stamp

IMPORTANT INSTRUCTIONS

Candidate is directed to read instructions hereunder before filling the Admission Form carefully.

1. The incomplete Admission Form shall be rejected and returned forthwith. The University shall not take any responsibility for the consequences.
2. The Admission form will be liable to be cancelled if correct Registered No. is not mentioned or if incomplete or incorrect entry is made in the Form. The Admission form will be entertained only if the attested photo-copy of the Registration card issued by the University is attached with the form alongwith other documents.
3. Each candidate (Male/Female) must paste latest Identical passport size photographs, (with sky blue background) at the specified places of the Admission form.
4. The Examination begins on the date as given in the date-sheet. Every candidate must keep his/her National Identification Card with him/her in the Examination Hall while taking the Examination.
5. Un-authorized change of centre is strictly prohibited. If any one changes his/her centre of Examination unfairmeans case shall be registered against such a candidate.
6. No one should appear in the Examination without getting his/her genuine Roll Number Slip. Unfairmeans case shall be registered against those who will violate the above or such other instructions as are issued.
7. The order in which the candidates are seated will be forwarded to the Examiner. As and when a candidate be discovered to have copied from another, he/she will be externed from the Examination as well as the candidate from whom he/she copied if there is reason to suppose that the copying was conceived at by the latter.
8. No candidate, without special permission of the Officer-in-charge shall leave his/her seat or the Examination room till the end of the Examination. No candidate shall speak without permission if it be necessary for the candidate to communicate with the Superintendent, he/she shall stand up in his/her place and the Officer-in-charge will see to his /her wants.
9. Before beginning his/her answer, each candidate shall write on the title page of his/her answer-book the following viz, the subject, the number of the paper, and his/her Roll No. When the time allowed expires the answer-book must be delivered to the Superintendent, even though the candidate may not have answered any part of the paper.
10. No candidate shall give any mark of identification including his/her Roll Number, Name of College or Centre of Examination in his/her answer-book except at specified places. Such candidates shall also be proceeded against under the University Regulations.

Note: ***Examination fee through Money Orders, Postal Orders, Bank Drafts and Cheques shall not be accepted.***