

Sr. No. _____

Roll No. _____

(To be assigned by the University)

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR(Examination form for **Regular** Students only)**Important Instructions**

- a. Examination form and fee should be submitted through the Principal of the College.
- b. All the Columns are mandatory and to be filled in neatly and legibly by the student in his/ her own handwriting.

Course/ Class _____	Prof / Year _____	Session _____	Year _____
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1. Student Name (in BLOCK Letters) _____
2. Father's Name _____
3. Mother's Name _____
4. Registration No. _____
5. Examination Centre _____
6. Male/ Female _____ 7. Annual Family Income _____
8. Category (Gen/ SC/ BC) _____ 9. Date of Birth _____
10. Domicile _____
11. Permanent Address (in BLOCK Letters) _____

Affix Recent Attested
Photo of Student
(5 x 4)

Pin Code _____ Contact No. (Resi) (With Code) _____ (M) _____

12. Correspondence Address (in BLOCK Letters) _____

Pin Code _____ Contact No. (Resi) (With Code) _____ (M) _____

13.	Subject(s) Offered	*Code/ Abbreviation
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		

14. Detail of Previous Examination Passed:

Examination	Board/ University	Roll No.	Session	Year	Result	Marks Obtained	Total Marks

15. Have you ever been disqualified from appearing in any examination or any case of unfair mean (UMC) is pending against you in any University/ Board? If so give details:

Examination	Roll No.	Month	Year	Period of Disqualification		University/ Board
				From	To	

16. I solemnly declare that the particulars filled in by me above are correct to the best of my knowledge and belief and if any discrepancy is found at any stage. I shall be responsible for the consequences.

Date _____

Signature of the Student

CERTIFICATE

Certified that



- I. The student was admitted to the _____ course in Admission Session _____
- II. The student has been on the roll of this college for the academic year preceding the examination.
- III. The student has passed the qualifying _____ professional/ year examination not less than _____ months previously and he/ she has fulfilled the conditions laid down under the University Ordinances/ Regulation in force for appearing in _____ Professional/ Year examination.
- IV. The student fulfilling the requirement of lectures as per University Ordinances in theory and practical in each subject separately. (Given Below)

Further certified that the student has satisfied me by production of authentic documents that the statement made by him/ her overleaf are correct and that he/ she has a good health and bears a good moral character and that he/ she has filled in this examination from in his/ her own hand and has signed in my presence.

Principal
(Signature and Stamp)

Date _____

Minimum lectures required for different courses as per University Ordinances are as under:

Course	Lectures required in Theory	Lectures required in Practical
MBBS	75%	80%
B.Sc. (Nursing)/ Post Basic Nursing/ other B.Sc. & Diploma courses	80%	100%

Examination Fee:-

MBBS	PB & B. Sc. (N)	M.Sc.(N)	Other B.Sc. Courses	M.Sc.(Medical)	All Diploma Courses	Fellowship
Rs. 3500/- Rs. 5000/-(for Batch 2020 onwards)	Rs. 3500/-	Rs.10,000/-	Rs. 2000/- Rs. 2500/- (for Batch 2020 onwards)	5000/-	Rs. 2000/-	Rs. 3000/-

Schedule for Submission of Examination Form and Fee

Session	Without late fee	With late fee of Rs. 200/-	With late fee of Rs. 500/-	With late fee of Rs. 1500/-
May/ June	1 st March	15 th March	31 st March	15 th April
Nov/ Dec	15 th September	30 th September	15 th October	31 st October

Note:-

1. The University may accept examination form and fee ten days before the commencement of examination with the permission of the worthy Vice – Chancellor and late fee of **Rs. 5000/-**
2. In case of late declaration of result due to any reason, the examination forms shall be accepted within 15 days of the publication of the result without charging any late/ extra fee. Otherwise late fee shall be applicable as per current schedule. (Mentioned Above).
3. Examination form may be submitted to University within **15 days** of the publications of the result without charging any late/ extra fee failing which normal schedule as above will be applicable.

***CODE/ ABBREVIATIONS:- ANATOMY (ANT), PHYSIOLOGY (PHY), BIOCHEMISTRY (BCH), PATHOLOGY (PAT), PHARMACOLOGY (PHA), MICROBIOLOGY (MIC), FORENSIC MEDICINE (FOR), OPHTHALMOLOGY (EYE), ENT (ENT), COMMUNITY MEDICINE (SPM), MEDICINE (MED), SURGERY (SUR), PAEDIATRICS (PAED), OBST. & GYNAE (OBG).**

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Admit Card (Roll No)

Roll No.....

(To be assigned by University)

1. Student Name _____
2. Father's Name _____
3. Mother's Name _____
4. Student Address _____



Pin Code _____

Contact No. (Resi) (With Code) _____ (M) - _____

5. Examination _____ Year/ Prof _____ Session _____
6. Name of College/ Centre _____
7. Subject in which appearing
 1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____
 7. _____ 8. _____
 9. _____ 10. _____

In English

In Punjabi

Signature of Student

Controller of Examinations

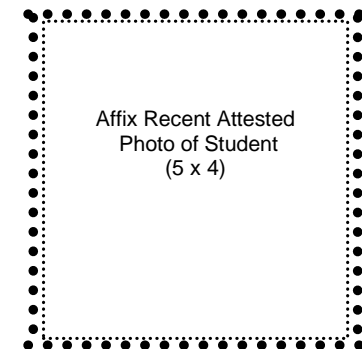
SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Counter Foil

Roll No.....

(To be assigned by University)

1. Student Name _____
2. Father's Name _____
3. Mother's Name _____
4. Student Address _____



Pin Code _____

Contact No. (Resi) (With Code) _____ (M) - _____

5. Examination _____ Year/ Prof _____ Session _____
6. Name of College/ Centre _____

In English

In Punjabi

Signature of Student

Signature of dealing official

Signature of Centre Superintendent