



# FATIMA JINNAH MEDICAL UNIVERSITY, LAHORE

## Department of Examinations

Queen's Road, Shakra-e-Fatima Jinnah, Lahore.  
Email: controller@fjmu.edu.pk, Ph.# 042-99203719

For Office Use Only

Diary # \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

- Secrecy  
 Tabulation  
 Conduct

Sign. of CoE

### Transcript Application Form FOR MS / MD Programs

**NOTE:**

- Only Thesis Pass-out PGRs are eligible to apply for Transcripts.
- The Transcript Application Form shall be submitted to Office of the Controller of Examinations, FJMU.
- Please fill in the form using black/blue ink.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure that the form is filled in as neatly as possible.
- Transcript Application Form is to be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect Transcript form may be cancelled. The University shall not take any responsibility for the consequences.

### CANDIDATE'S PARTICULARS

1. Name of Candidate (Capital Letters) As per Intermediate Certificate

\_\_\_\_\_

2. Father's Name (Capital Letters) As per Intermediate Certificate

\_\_\_\_\_

3. FJMU Registration No. \_\_\_\_\_

4. Date of Birth: \_\_\_/\_\_\_/\_\_\_

5. Date of Admission: \_\_\_/\_\_\_/\_\_\_

6. Training Hospital \_\_\_\_\_

7. Supervisor's Name \_\_\_\_\_

8. Details of All Professional Examinations: (Only Pass)

Paste Recent  
Photograph here  
(Attested from  
Backside)

Intermediate (IMM) Examination				Final/ Exit Examination			
University Roll. No. -----				University Roll. No. -----			
Sr. #.	Component	Sub-Component	Marks Obtained	Sr. #.	Component	Sub-Component	Marks Obtained
1	Theory	MCQ Paper		1	Theory	MCQ Paper I & II	
		SAQ Paper				SAQ Paper	
2	Clinical / Practical	Short Case		2	Clinical / Practical	Short Case	
		TOACS/ OSCE & Oral Exam				Long Case	
			TOACS/ OSCE & Oral Exam				
Overall Total Marks Obtained				Overall Total Marks Obtained			

9. Thesis Title (In Capital Letters): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FATIMA JINNAH MEDICAL UNIVERSITY

## Department of Examinations

10. Date of Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 11. Institute: \_\_\_\_\_

12. Mobile No. / Telephone No. with city code

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13. Email / FAX No.

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14. Nationality: \_\_\_\_\_

15. Passport No. (If applicable)

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16. Domicile: \_\_\_\_\_

17. Mailing Address (Mention all relevant information like post code etc.)


18. Fee Paid Rs.

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Mode of Payment: Cash:

Draft:

Bank Receipt Draft / Bank Receipt No: \_\_\_\_\_ Date:

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(DD)

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(MM)

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(YYYY)

**NOTE:** Attach original Bank Draft/ Bank Receipt with this form.

- **Normal Fee : Rs.2000/- (Within 15 Days)**
- **Urgent Fee : Rs.4000/- (Within 7 Days)**

19. Attested Documents to be Attached:

I have attached attested copies of the following documents with this form:

- Detailed Marks Certificate of Matric/ Equivalent
- Detailed Marks Certificate of F.Sc./ Equivalent
- MBBS Degree
- Detailed Marks Certificates of IMM & Final/ Exit Examinations (Pass Only)
- One Passport size picture of the candidate
- CNIC/Passport
- Original Bank Draft/ Bank Receipt

### CERTIFICATE BY THE CANDIDATE

I hereby solemnly declare that: (1) The information provided and statements made by me in this form are true and correct to the best of my knowledge and belief and nothing has been concealed or withheld herein. (2) I shall be responsible if my Transcript application form is rejected for any error, misinformation, without my own signature or incomplete entries made by me. (3) I understand that applying for Transcript without being eligible for it is a crime punishable under law, and in such case, the University has reserved the rights to cancel my Transcript / Result.

Date: \_\_\_\_\_

Signature of Candidate

### CERTIFICATE BY THE REGISTRAR FJMU

I certify that all particulars in all respect of the candidate is found correct. The candidate is eligible for issuance of the transcript as per Rules & Regulation of PMC / PM&DC & Fatima Jinnah Medical University, Lahore.

Date: \_\_\_\_\_

Signature of Registrar, FJMU  
(With Stamp)