



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

NOTE:

- 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. Candidate's CNIC No. _____ FJMU Registration No. _____

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

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Backside)

1 st Professional (1 st Year)				
University Roll. No. -----				
Sr. No.	Subjects	Theory	Practical	Total Marks Obtained
1	Anatomy			
2	Physiology			
3	Biochemistry			
4	Islamic Studies			

2 nd Professional (2 nd Year)				
University Roll. No. -----				
Sr. No.	Subjects	Theory	Practical	Total Marks Obtained
1	Anatomy			
2	Physiology			
3	Biochemistry			
4	Pak Studies			

3 rd Professional (3 rd Year)				
University Roll. No. -----				
Sr. No.	Subjects	Theory	Practical	Total Marks Obtained
1	Pharmacology & Therapeutics			
2	Forensic Medicine & Toxicology			
3	General Pathology & Microbiology			
4	Behavioral Sciences			

4 th Professional (4 th Year)				
University Roll. No. -----				
Sr. No.	Subjects	Theory	Practical	Total Marks Obtained
1	Community Medicine			
2	Special Pathology			
3	ENT			
4	Eye			

Final Professional (5 th Year)					
University Roll. No. -----					
Sr. No.	Subjects	Theory	Clinical	Practical	Total Marks Obtained
1	Medicine & Allied				
2	Surgery & Allied				
3	Obstetrics & Gynaecology				
4	Paediatrics				

5. Date of Birth: ___/___/___

6. Date of Admission: ___/___/___

7. Date of Graduation: ___/___/___

