



FATIMA JINNAH MEDICAL UNIVERSITY

Department of Examinations

10. Domicile:

11. Mailing Address (mention all relevant information like post code etc.)

12. Fee Paid Rs.

Mode of Payment: Cash: Draft:

Bank Receipt Draft / Bank Receipt No: _____ Date:
(DD) (MM) (YYYY)

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

- (Normal Fee for Convocation: Rs.3000/-) (Fee Before Convocation: Rs.10000/-)
- (Fee After Convocation: Rs.5000/-) (Duplicate Degree Fee: Rs.15000/-)

13. 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
- Detailed Marks Certificates of All Professional Examinations (Pass Only)
- 01 Photograph (Attested from back side)

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 degree application form is rejected for any error, misinformation, without my own signature or incomplete entries made by me. (3) I understand that applying for Degree without being eligible for it is a crime punishable under law, and in such case, the University has reserved the rights to cancel my Degree / 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 degree as per Rules & Regulation of PM&DC & Fatima Jinnah Medical University, Lahore.

Date: _____

**Signature of Registrar, FJMU.
(With Stamp)**