Seat No._____

BOARD OF ADVANCED STUDIES & RESEARCH

UNIVERSITY OF KARACHI

The Registrar,
University of Karachi
Karachi-75270

ENTRANCE TEST FORM 2018

Photograph

I wish to seek admission to M.Phil., M.S., Ph.D. & M.S.(Surgery), M.D.(Medicine) Program in the subject _____ (Department/Center/Institute) _____.

Name in Full (Block Letters as in metric certificate) _____

National I.D. Card No.

					---								---	

Father's Name (Block Letters as in metric certificate)_____

Postal Address: _____

_____

Telephone (Res.) _____Off._____Cell_____Email_____

If employed, nature of employment (Full particulars with address of employer)_____

_____

_____

Academic Record:

I. Name of Last Examination Passed_____
II. Subject _____
III. Division or Class/CGPA_____ Year_____
IV. University/Institution _____

_____
Signature of Applicant

Seat No._____

Admit Card 2018

BOARD OF ADVANCED STUDIES & RESEARCH
UNIVERSITY OF KARACHI

Photograph

Mr./Ms. _____

Father's Name _____

Department _____Class _____

_____
Official Seal &Signature

Date:_____

Please Note: No candidate will be allowed to take the entrance test without admit card and CNIC.