



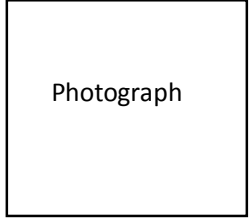
BOARD OF ADVANCED STUDIES & RESEARCH

UNIVERSITY OF KARACHI

ENTRANCE TEST FORM 2015

The Registrar,
University of Karachi
Karachi-75270

Seat No. _____



I wish to seek admission to M.S. / M.D. Program in the subject _____
(Department/Center/Institute) _____.

Name in Full (Block Letters) _____

National I.D. Card No.

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Father's Name (Block Letters) _____

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 _____

Signature of Applicant

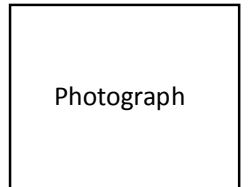
Seat No. _____

Admit Card 2015



BOARD OF ADVANCED STUDIES & RESEARCH

UNIVERSITY OF KARACHI



Mr./Miss _____

Father's Name _____

Department _____ Class (MS/ MD) _____

Official Seal & Signature

Date: _____

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