

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR 2ND YEAR MBBS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply

I do hereby declare that the information provided by me are true and correct and nothing has been concealed in declaration of monthly income of my parents.

Signature _____

Attendance : Module wise 2nd year MBBS

Block D Attendance percentage

Block E Attendance percentage

Block F Attendance percentage

It is certified that the information provided by student is true as per record submitted by him/her at the time of admission. It is also certified that the student is not availing any other scholarship

STUDENTS AFFARIS SECTION

Conduct certificate from Chief Provost.

It is certified that the conduct/discipline of Mr./Miss _____

S/D/O _____ residing in hostel _____

Remained satisfactory/Bad during _____ year .

Signature _____

Stamp _____

Conduct certificate from Chairman Students Disciplinary Committee

It is certified that the conduct/discipline of Mr./Miss _____

S/D/O _____ remained satisfactory/Bad during _____

and was found /not found involved in an subversive activity.

Signature _____

Stamp _____

Recommendation of Scholarship awarding Committee

Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR 3RD YEAR MBBS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply

I do hereby declare that the information provided by me are true and correct and nothing has been concealed in declaration of monthly income of my parents.

Signature _____

Attendance : Module wise 3rd year MBBS

Block G Attendance percentage

Block H Attendance percentage

Block I Attendance percentage

It is certified that the information provided by student is true as per record submitted by him/her at the time of admission. It is also certified that the student is not availing any other scholarship

STUDENTS AFFAIRS SECTION

Conduct certificate from Chief Provost.

It is certified that the conduct/discipline of Mr./Miss _____

S/D/O _____ residing in hostel _____

Remained satisfactory/Bad during _____ year .

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Stamp _____

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Stamp _____

Recommendation of Scholarship awarding Committee

Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR 4TH YEAR MBBS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply _____

I do hereby declare that the information provided by me are true and correct and nothing has been concealed in declaration of monthly income of my parents.

Signature _____

Attendance : Block wise 4th year MBBS

Block J Attendance percentage

Block K Attendance percentage

Block L Attendance percentage

Block M Attendance percentage

It is certified that the information provided by student is true as per record submitted by him/her at the time of admission. It is also certified that the student is not availing any other scholarship

STUDENTS AFFAIRS SECTION

Conduct certificate from Chief Provost.

It is certified that the conduct/discipline of Mr./Miss _____

S/D/O _____ residing in hostel _____

Remained satisfactory/Bad during _____ year.

Signature _____

Stamp _____

Conduct certificate from Chairman Students Disciplinary Committee

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S/D/O _____ remained satisfactory/Bad during _____

and was found /not found involved in an subversive activity.

Signature _____

Stamp _____

Recommendation of Scholarship awarding Committee

Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR FINAL YEAR MBBS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply _____

I do hereby declare that the information provided by me are true and correct and nothing has been concealed in declaration of monthly income of my parents.

Attendance : Module wise Final year MBBS

Block N Attendance percentage

Block O Attendance percentage

Block P Attendance percentage

Block Q Attendance percentage

It is certified that the information provided by student is true as per record submitted by him/her at the time of admission. It is also certified that the student is not availing any other scholarship

STUDENTS AFFAIRS SECTION

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Recommendation of Scholarship awarding Committee

Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR 2ND YEAR BDS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply _____

I do hereby declare that the information provided by me are true and correct and nothing has been concealed in declaration of monthly income of my parents.

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Attendance : Subject wise 2nd year BDS

Chemistry of Dental Material Attendance percentage

General Pathology & Bacteriology Attendance percentage

Dental Materia Medica Attendance percentage

Community Dentistry Attendance percentage

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Recommendation of Scholarship awarding Committee

Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR 3RD YEAR BDS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

Is your mother working women Y N

If yes, mention her Job Title _____ Monthly Income _____

Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply _____

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Attendance : Subject wise 3rd year BDS

General Medicine Attendance percentage

General Surgery Attendance percentage

Oral Medicine Attendance percentage

Oral Pathology Attendance percentage

Periodontology Attendance percentage

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Recommended Not recommended

AYUB MEDICAL COLLEGE ABBOTTABAD
FORM FOR AWARD OF MERIT SCHOLARSHIP
FOR FINAL YEAR BDS

Roll No. _____
Admission Seat _____

Name of Student _____

Father's Name _____

Occupation of Father _____ Monthly Income (Rs.) _____

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Marks Obtained in last Professional Exam _____ Total Marks _____ % _____

Exam passed in Annual/Supply _____

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Signature _____

Attendance : Subject wise Final year BDS

Operative Dentistry Attendance percentage

Oral Surgery Attendance percentage

Orthodontics Attendance percentage

Prosthodontics Attendance percentage

Pediatric Dentistry Attendance Percentage

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