



JINNAH SINDH MEDICAL UNIVERSITY EXAMINATION DEPARTMENT

RAFIQUI H.J SHAHEED ROAD TEL: 021-99205444, Ext-1082, website: www.jsmu.edu.pk

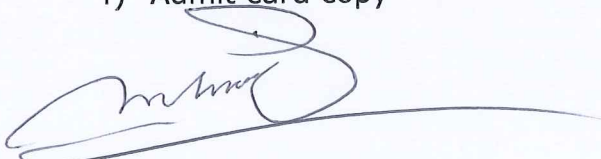
Ref No: EXAM/JSMU/14096 /01-21

Dated:-29-01-2021

ATTENTION **CORONA POSITIVE STUDENTS**

Corona positive students are directed to fill the following form on 2nd page and submit with attachments to get relief in examinations. Following are terms and condition: -

1. Student is having positive report of Corona from following laboratories: -
 - JSMU/JPMC.
 - Dow International Medical College Hospital.
 - Agha Khan Hospital.
 - Indus Hospital.
 - University hospitals of interior of Sindh.
2. The corona period will be considered for 10 days from the date of positive report.
3. Any claim on the basis of symptoms only will not be considered.
4. Relief may be granted only during first 10 days of corona period.
5. The date of examination to be held will be fixed by examination department.
6. The application has to be submitted before commencement of examinations.
7. Any application submitted late will not be considered, will be marked absent and no relief may be granted.
8. All applications will be scrutinized by Examination review committee.
9. Enclose
 - a) Corona PCR report.
 - b) All other laboratory reports.
 - c) Medical / Discharge certificate.
 - d) NIC copy
 - e) Enrolment copy
 - f) Admit card copy


Dr. Muhammad Hanif Saeed
Controller of Examinations
Jinnah Sindh Medical University



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CORONA POSITIVE STUDENTS EXAMINATION RELIEF FORM

To,

The Controller of Examination
JSMU.

Subject: Seeking relief due to suffering from corona.

I (Name of Student) _____ Father's Name _____

Enrolment No. _____ CNIC No. _____ student of
_____ year, is suffering from Corona. My first symptom appeared on (date) _____

I was tested Corona positive on (date) _____ report enclosed. I was scheduled to
appear in following examination to be held on:-

1. _____ date _____
2. _____ date _____
3. _____ date _____
4. _____ date _____

Kindly exempt me from above examinations and allow me to appear in same on any
next date fixed by examination department for this relief.

Signature of student _____ Name _____ Date _____

Received by _____ Date _____

Comments of Examination Review Committee
