



SHAHEED ZULFIQAR ALI BHUTTO

MEDICAL UNIVERSITY

EXAMINATIONS DEPARTMENT

Documents to be Provided with the Degree Application Form

1. Degree Application Form duly attested by the Principal/ Chairman of respective teaching department.
2. Attested copies of DMC's of all Failed & Passed Professionals/ Parts
3. Attested copies of Diplomas in Nursing & Midwifery and Equivalence Certificate (for B.Sc. Nursing Degree)
4. Copies of Matric & Intermediate Certificates or Equivalent duly attested
5. Copy of MBBS Degree (for Postgraduate Degrees/ Diplomas)
6. Copy of BLS Provider Certificate issued by SZABMU's International Training Center.
7. Copy of Migration/ Up-radiation Letter (if applicable)
8. Reason of application duly attested by Principal/ Chairman of respective teaching department.
9. Attested copy of Provisional Certificate.
10. A fee of Rs.11,200/- (regular) or Rs. 22,400/- (urgent) is to be paid through Bank Draft or Pay Order in favour of Treasurer SZABMU, Islamabad. For convenience SZABMU Bank Challan Form is also available at NBP Branch, PIMS, Islamabad.
11. CNIC Copy duly attested
12. Three Passport size Photographs duly attested
13. Applicant's and Father's name must be written exactly as per Matric Certificate or preceding degree in the application form. Also all DMCs (passed/ failed) with same names and no abbreviations is required else correction in DMCs is compulsory.
14. A signed certificate (as per "Annex-A") to confirm/ verify the correct spelling of applicant, father's and institute name. As after the issuance of the degree, no duplicate/ fresh degree is issued due to any difference in spellings.
15. Please Deposit Original DMC's of all Professional passed in University other than SZABMU alongwith their verified copies from respective University. The original DMC's will be returned with the Degree.

Note: Attested copy of Accumulative Transcript.

1. The Degree Application Form will not be accepted by SZABMU unless all the above listed documents are correctly attached with the form in descending order.
2. **For M. Phil Degree:-** Please attach attested copy of final result Notification.

CERTIFICATE

Correct Spellings of the Applicant and Father's Name Exactly as per

Matric Certificate

* In case of postgraduate degree/diploma, name spellings to be written exactly as per preceding degrees.

(To be handed over to SZABMU Degree Cell Examinations Department alongwith the Degree Application Form)

Name (Capital Letters): - _____

Father's Name (Capital Letters): - _____

Institute/College Name: - _____

Dated: - _____

Signature: - _____

Name: - _____



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

EXAMINATIONS DEPARTMENT

Application for Degree

(Office Use Only)

Diary No.

Note:

- The form shall be submitted to the office of the Degree Cell Examinations Department.
- Please fill in the form in black ink and clearly print or type only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new words begins in the same line or where nothing further is to be written
- Avoid any over writing and other mistake while filling in the form. Please make sure the form is filled in as neatly as possible. If there are too many mistakes in the form fill in the new form. Blanco or fluid isn't allowed.
- Wherever small choice field boxes are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked. Or

1. Type of Degree | MBBS | BDS | MD/MS | MDS | M. Phil
(Specify in 11)
| PhD | Diploma | Nursing | Paramedic | Other (Specify)

Applicant's Personal Information

2. Full Name (First, Middle, Last)

3. Father's Name (First, Middle, Last)

4. Date of Birth (DD/MM/YYYY) 5. Applicant's NIC (Provide copy)

6. Name of Institute

7. Registration Number 8. Session

9. Final Examination Held in 10. Roll No. (Final Exam)

11. Type of Degree 12. Subject (If applicable e.g. postgraduate)

13. Present Address

Line No. 2

14. Telephone No. E-mail/Fax #

15. Permanent Address (mention all relevant information like Post Code, etc.)

Line No. 2

16. Have you ever been issued the degree? Yes No

17. Amount Rs. Mode of Payment Draft Bank Receipt

18. Draft/Bank Receipt No: _____ Date:

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

19. I have attached the attested copies of the following documents with this form (Tick applicable box)

Matric & F.Sc or Equivalent Provisional Certificate DMC's of all Failed & Passed Professionals/Years

CNIC/*Passport Three Attested Photographs Reason of application
*For Foreign Students only

MBBS/BDS Degrees
(only for the Students of Postgraduate Degrees)

20. **DECLARATION:**

I hereby solemnly declare and affirm that 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 material has been concealed or withheld herein. I understand that applying for issue the degree without being eligible for it, is a crime punishable under the criminal act of law.

Please affix
Photograph here
without attestation
4x4 cm
with blue background

Signature of Applicant

Dated: _____

21. **VERIFICATION BY THE PRINCIPAL/ CHAIRMAN OF RESPECTIVE TEACHING DEPARTMENT.**

I certify that: (1) all information provided and statements made by the candidate in this form are true and correct to the best of my knowledge and as per this office record (2) The candidate is eligible for the degree he/she has applied for. (3.) *The candidate has passed the subject of Islamic & Pakistan Studies.
*applicable only to MBBS/BDS candidates.

Dated: _____

Office Stamp

Signature of Principal/Chairman

Full Name

Controller of Examination

Please attach original DMC's of all Professional passed in University other than SZABMU along with this application form. The original DMC's will be returned with the Degree

For Office Use Only

(Processing by SZABMU Departments)

Treasury Office

Dated: _____

Certified that a sum of Rs. _____ is received from _____ vide Bank

Draft/Bank Receipt No. _____ as Degree fee for _____ Degree

Full Name

Treasure's Signature & Stamp

Registration Office

Dated: _____

Particular of the candidate according to Registration Record are:

Academic Session: _____ Registration No. _____

Spelling of Name as per Registration Record: _____

Migrated from _____ Institute to _____ Institute on (date) _____	No Migration
---------------------------------------------------------------------	--------------

Full Name

Registrar's Signature & Stamp

Examinations Section

Dated: _____

Certified that the candidate has cleared his/her final examination of _____ in

Under Roll No. _____ and passed vide this office Notification No. _____

Dated: _____

Full Name

AC (Undergraduate/Postgraduate) Signature & Stamp

Controller of Examination

Dated: _____

Certified that I have verified original Record of the candidate and recommend him/her for issue of Degree

Full Name

CoE Signature & Stamp

Degree Cell

Dated: _____

Degree bearing serial no. _____ has been delivered on _____. The entry has been made at serial no. _____ on the "Degree Record Ledger". A photocopy of the degree has also been kept for record.

Full Name

Incharge Degree Cell Signature & Stamp