



SHAHEED ZULFIQAR ALI BHUTTO
MEDICAL UNIVERSITY



ADMISSION FORM
(SESSION _____)

Please affix 1
Photographs

MD ☐ MS ☐ MDS ☐ FCPS ☐

Instruction

- 1. Use CAPITAL Letters and write your details exactly they appear in your documents.
- 2. Incomplete application form will not be accepted.
- 3. Cutting /Over writing is not allowed
- 4. Candidates found to have made false or incorrect Statements in the form are liable to expulsion.

Proposed Program of Study

Department/ Specialty	
Field of Research interest	

Applicant's Personal Information

1. Full Name (First, Middle, Last)	
<div></div>	
2. Father's Name (First, Middle, Last)	
<div></div>	
3. CNIC No.	
<div></div>	
4. Date of Birth (DD/MM/YYYY)	
<div></div>	
5. Gender	6. Marital Status
<div>Male</div> <div>Female</div>	<div>Single</div> <div>Married</div>
7. Nationality	
<div></div>	
8. PM&DC Registration No.	
<div></div>	
9. Email	
<div></div>	
10. Mailing Address	
<div></div>	
11. Permanent Address	
<div></div>	
12. Domicile	13. Blood Group
<div></div>	<div></div>

14. Mobile Number

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15. Landline Number

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Educational Information

Degree	Subject	Institute/ Board/ University	Passing Year	Obtained Total Marks	No. of Attempts	Grade/ Division/ Percentage
Matric/ O-Levels						
Intermediate/A-Levels						
MBBS/BDS or equivalent						
M. Phil						
FCPS Part I						
FCPS Part II						
MD/MS/MDS Part I						
Other Qualifications Registered by PMDC						

Additional Information

First Professional Part I		First Professional Part II		Second Professional		Third Professional		Final Professional	
% Age	Attempts	% Age	Attempts	% Age	Attempts	% Age	Attempts	% Age	Attempts

Last Attended Institute

☐ Public ☐ Private ☐ Foreign

Distinctions / Achievements (If any please specify)

Check the Relevant Experience

- ☐ Primary Health Facilities
 - ☐ BHU
 - ☐ RHC
- ☐ Secondary Health Facilities
 - ☐ THQ
 - ☐ DHQ
 - ☐ Dispensaries Urban area

From To

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Research Paper /PMDC recognized medical journal

Title	Author		
	1st	2nd	3rd

Declaration and Signature

I solemnly declare that:

- I have neither joined nor shall join any other Institute / Department / Center / College during the course of my studies at SZABMU, Islamabad I am not suffering from any infectious disease.
- I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
- I have read and understood the University's cancellation and refund policy.
- I understand that the University may obtain official records from any educational institution have previously attended.
- I will not do private practice during my training program.

I, Undertake:

- Abide by the Statutes, regulations (including the Code of Honor of Students, of University and rules etc. framed by the University or the Department from me to me and shall be liable any penalty including rustication /expulsion, in case of viola on of my part.
- Not to "indulge in politics", and incase, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.
- I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.
- Show good behavior towards faculty, colleagues and patients
- Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses; Pay in me all dues and fine, if any;
- I will no y the new address to Assistant Registrar, DPCC, if there is any change in my contact address/phone number.
- I undertake to take examination un-conditionally notified by the University/Department/ Institute/Centre/College.
- I have read the relevant rules and regulations concerning admission before signing this application, any change in Rules & Regula on of the any Program along with any change in fee would be applicable to all students and there would be no discretion available to any student to tag it old or new scheme.

Signature

Date

Check List

- ☐ Original Pay Order/ Bank Challan (Rs. 2000/)
- ☐ Answered all relevant fields.
- ☐ Enclosed an NOC from current employer (No Objection Certificate)
- ☐ Enclosed Experience certificate from employer.
- ☐ Enclosed attested copies of:
- ☐ Matriculation / O Level
- ☐ Intermediate / A Level
- ☐ DMCs of all MBBS/BDS professional examinations.
- ☐ MBBS/BDS Degree
- ☐ Attempt Certificate of MBBS/BDS
- ☐ House Job Certificate (One Year)
- ☐ MS/ MD/ MDS/ FCPS (Part-I) Pass certificate where applicable
- ☐ FCPS Part II (Paediatric Medicine) Passing Certificate
- ☐ RTMC Certificate
- ☐ CNIC.
- ☐ Domicile certificate.
- ☐ Three photographs in blue background.
- ☐ Valid PM&DC Registration
- ☐ Copy of Publication (If any)

For office use only

Dr. No:_____

Reg. No._____

Department_____

Pay Order / Bank Dra No. _____

For office use only

Dr. No:_____

Reg. No._____

Department_____

Pay Order / Bank Dra No. _____