



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

<http://www.szabmu.edu.pk/>

Admission Form

M.Phil Ph.D

1. Please fill all sections of this form.
2. Incomplete applications will not be accepted.
3. Candidates found to have made false or incorrect statement are liable to expulsion.

1. Personal Details (Please use CAPITAL letters and write your details EXACTLY as they appear in your documents).

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Miss			ATTACH PHOTO HERE
Full Name			
National ID Card No.		<input type="checkbox"/> Married <input type="checkbox"/> Single	
Father's Name			
Present Address			
Permanent Address			
E-mail Address		Mobile	
Phone		Fax	
Religion: _____			
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

2. Educational Qualification

Title	Examining Board/Institution	Date Awarded	%/Grade
Matric			
F. Sc.			
B. Sc.			
MBBS/BS/M. Sc./PharmD or Equivalent to 16 years education			
MS/M. Phil/MD/FCPS or Equivalent to 18 years education			

3. Work Experience

Job Title	Name of Organization	Full/ Part-Time	From	To

4. Proposed Program of Thesis Research

Please fill this part carefully

Your choice of Research Area	Regenerative Medicine <input type="checkbox"/> Genetic Diseases <input type="checkbox"/> Carcinogenesis <input type="checkbox"/> Other <input type="checkbox"/>
Research Group	Skin <input type="checkbox"/> Cartilage <input type="checkbox"/> Liver <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/>
Program of Thesis Research	M.Phil <input type="checkbox"/> Ph.D <input type="checkbox"/>
Preferred Supervisor (if known)	

Please list two choices of Research Study in order of Priority 1. _____ 2. _____
Please give reasons for choosing this program of research. This is the most important part of the application and has significant weightage in the selection process, therefore, must be taken seriously. Attach additional sheets if required.

5. Research Experience

Brief sketch of research work done so far including title of the project, name of supervisor and institution. The description should not exceed 500 words.

Have you ever joined any Department / Institute / Centre / College of SZABMU previously: if Yes, give details.

6. Please Attach First Page of the Reprint

Title of Paper	Journal	Volume	Year	Page

7. Please bring the following during your interview

A) Academic transcripts. (including certified translation if necessary)

- Thesis of MS/M.Phil
- Reprints of publications, if any
- MS / M.Phil. / MD/ FCPS
- M.Sc. / Pharm D/ MBBS or equivalent
- B.S in Life Sciences or equivalent
- Intermediate Certificate or equivalent
- Matriculation or equivalent
- Work experience certificate.

B) National Identity Card / Domicile Certificate

C) Three copies of recent photographs

D) Attach paid fee challan form

8. 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 any University.

I am not suffering from any infectious disease.

I understand that the university may reverse any decision made on the basis of incorrect or incomplete information which I have provided.

I read and understand that the university may obtain official records from any educational institution I have previously attended.

I, fully understand that:

1. I can be assigned research thesis in SZABMU.
2. Written Subjective test and oral interview will be held at Vice chancellor secretariat Shaheed Zulfiqar Ali Bhutto medical university Islamabad.

I, undertake to:

- a) Abide by the statutes, regulations framed by the university from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation in my part.
- b) I accept as a condition of my admission the authority of the university that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor his stay is not conducive to the welfare, either of himself or the other. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls without any further notice to me.
- c) Not to indulge in politics and in case, 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.
- d) 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.
- e) Show good behaviour.
- f) Devote whole-heartedly to my studies and maintain the dignity and prestige of the university both in and outside the campuses.
- g) Pay in time all dues and fine, if any.
- h) I will notify the new address to Registrar if there is any change in my contact address/ phone number.
- i) I undertake to take examination unconditionally notified by the university.
- j) I have read the relevant rules and regulations concerning admission before signing this application.

Signature of the Applicant

Date: ___ / ___ / _____

OFFICE USE ONLY**9. Evaluation Record****10. Admission**

Academic Qualification		Admitted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Matric				
F.Sc.				
B.Sc.				
B.Sc. (Hons)/ M.Sc./ PharmD/MBBS/or equivalent				
MS/M.Phil/MD/FCPS				
Publication				
Teaching/ Research experience				
Written test				
Oral interview				
Total Marks				
Remarks				
				Chairperson
				Vice Chancellor