



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

BLS MANDATORY WORKSHOPS (Registration Form)

DEPARTMENT OF MEDICAL EDUCATION

(Please fill out completely so that your registration may be processed promptly)

Resident Name : _____ Fathers Name: _____

Program : MD/ MS/ MDS/ M.Phil. Specialty : _____

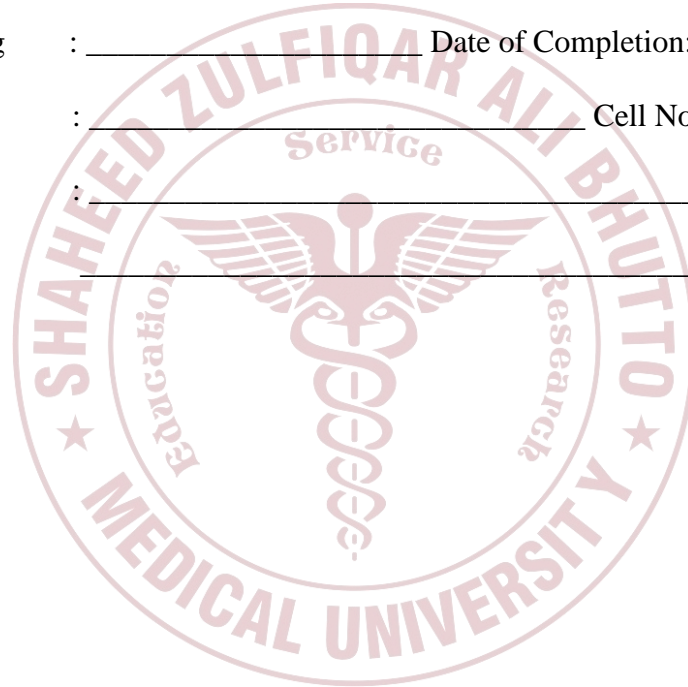
Registration No : _____ PM&DC No: _____

Supervisor Name : _____

Date of Joining : _____ Date of Completion: _____

E-mail : _____ Cell No.: _____

Address : _____



Please attach the following:

- i. Fee Receipt

Date: _____

Resident Signature

PIMS, G-8/3, Islamabad, (44000) Pakistan

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