



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY



M.Phil ADMISSION FORM

(SESSION _____)

Please affix 3 Photographs attested form backside. (4x)

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/ Speciality	
Field of Research interest	

Applicant's Personal Information

1. Full Name (First, Middle, Last)
2. Father's Name (First, Middle, Last)
3. CNIC No.
4. Date of Birth (DD/MM/YYYY)

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5. Gender
 Male Female
6. Marital Status
 Single Married
7. Nationality
8. PM&DC Registration No.
9. Email
10. Mailing Address
11. Permanent Address
12. Domicile
13. Blood Group

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						
M. Phil						
GAT (General)						
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

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Public Private Foreign

Distinctions / Achievements (If any please specify)

Work Experience

Job Title	Name of Organization	From	To

Check List

- Original Pay Order/ Bank Challan
- 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 professional examinations.
 - MBBS Degree
 - Attempt Certificate of MBBS
 - House Job Certificate (One Year)
 - GAT (General)
 - CNIC No.
 - Domicile certificate.
 - Three photographs in blue background.
 - Valid PM&DC Registration
 - Copy of Publication (If any)

For office use only

Sr. No: _____ Reg. No. _____ Department _____

Pay Order / Bank Dra No. _____