



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

NO DEMAND CERTIFICATE

Date: _____

This is to certify that nothing is outstanding against Dr. _____
Postgraduate Resident of _____ Shaheed Zulfiqar Ali Bhutto Medical
University, Islamabad. Mailing Address: _____
_____ Email: _____

S.No	Departments	Name	Designation	Signature
1	Office Card (returned)	_____	_____	_____
2	Accounts Branch (PIMS)	_____	_____	_____
3	I/C concerned Department	_____	_____	_____
4	I/C Librarian	_____	_____	_____
5	I/C Radiology Department	_____	_____	_____
6	I/C Pathology	_____	_____	_____
7	I/C Blood Bank Department	_____	_____	_____
8	I/C Operation Theatre	_____	_____	_____
9	Hostel Warden PG (Male/Female)	_____	_____	_____
10	Sub Engineer (Civil) (to check the building immunity)	_____	_____	_____
11	Sub. Engineer (E) (Billing)	_____	_____	_____
12	Treasurer Office	_____	_____	_____

Please also attach a copy of relieving order and original security fee deposit slip

Counter Signature of Chairman of Department

Registrar

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

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