



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

Application Form

- MD - Part-I (Medicine & Allied Discipline)
 MS - Part-I (Surgery & Allied Disciplines)
 MDS – Part-I (Dentistry & Allied Discipline)

Past 01 attested
photograph
from front

Note: Use capital letters to fill this form

Profile Information							
Full Name					PMDC Reg. No. & Validity date		
Father's/ Husband's Name					Nationality		
Applicant's CNIC				-			-
Date of Birth					Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Examination							
Discipline	<input type="checkbox"/> MD Part-1	<input type="checkbox"/> MS Part-1	Test Centre	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	
	<input type="checkbox"/> MDS Part-1						
Exam Fee Paid:	RS. 16,000/	Bank Branch		City			
		Date:		Draft/Challan No.			

Academic Qualifications						
S. #	Qualification	Board / University	Result Declaration Date	Total Marks	Marks Obtained	Division/ Grade
1	SSC/O Level					
2	HSSC/A Level					
3	MBBS/BDS					
4	Any Other					

Mailing Address					
Postal Address	<hr/> <hr/>				
Phone Numbers	Res		Mobile		E-mail

Declaration

I do hereby declare that the information given above is correct. Incorrect information may lead to strict disciplinary action against me.

Dated _____

Signature of the Candidate _____



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To be filled by the candidate in Capital Letters				Roll No. _____
Discipline	<input type="checkbox"/> MD Part-I	<input type="checkbox"/> MS Part-I	<input type="checkbox"/> MDS Part-I	Past 01 Attested photograph here
Test Centre	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	
Name				
Father's Name				
CNIC Number		-		
Mailing Address				
Mobile Number		Email		

* Please bring original CNIC along with original roll number slip on the day of exam

To be filled by the candidate in Capital Letters				Roll No. _____
Discipline	<input type="checkbox"/> MD Part-I	<input type="checkbox"/> MS Part-I	<input type="checkbox"/> MDS Part-I	Past 01 Attested photograph here
Test Centre	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	
Name				
Father's Name				
CNIC Number		-		
Mailing Address				
Mobile Number		Email		

* Please bring original CNIC along with original roll number slip on the day of exam

To be filled by the candidate in Capital Letters				Roll No. _____
Discipline	<input type="checkbox"/> MD Part-I	<input type="checkbox"/> MS Part-I	<input type="checkbox"/> MDS Part-I	Past 01 Attested photograph here
Test Centre	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	
Name				
Father's Name				
CNIC Number		-		
Mailing Address				
Mobile Number		Email		

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ELIGIBILITY: Residency Training Programs

1. Candidate must possess MBBS/BDS or equivalent degree registered by PM&DC
2. Must possess one year house job from a PM&DC recognized Institution
3. Permanent valid registration with PM&DC
4. In case of foreign candidate, valid registration with Medical Council of their country of origin must be produced.

The attested copies of following documents must be attached:

1. Four Passport size photograph (on mentioned places)
2. Computerized National Identity Card (CNIC)
3. Domicile certificate
4. Matric, F.Sc, certificates or equivalent
5. MBBS/BDS degree
6. House Job certificates
7. PM&DC valid permanent registration certificate.
8. Experience Certificates (if any).
9. Any other certificate.

GENERAL INFORMATION

1. Part I Examination will be conducted at following centers
 - A. Islamabad
 - B. Lahore
 - C. Karachi
2. Further information is available on university website www.szabmu.edu.pk
3. Incomplete applications and applications after due date will not be entertained.

(Controller of Examinations)

Shaheed Zulfiqar Ali Bhutto Medical University (PIMS), Islamabad