



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

MANDATORY ROTATION

PERSONAL INFORMATION (Confidential)			
Full Name			
DOB		CNIC No.	
University Registration No.		PM&DC Registration No.	
Contact No. (Landline)		Contact No. (Mobile)	
Email			
Address			
DEPARTMENT INFORMATION			
Specialty			
Supervisor			
ROTATION			
MEDICINE & ALLIED			
Duration	From	To	Immediate Supervisor (Signature)
SURGERY & ALLIED			
Duration	From	To	Immediate Supervisor (Signature)
DENTISTRY & ALLIED			
Duration	From	To	Immediate Supervisor (Signature)

Supervisor (Rotation): _____
(Signature)

Supervisor: _____
(Signature)

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