



JOINING FORM

In pursuance of the offer of admission letter No..... dated, I have read all the terms & conditions contained in the above letter, which are acceptable to me. I will abide-by these instructions during the training; I hereby submit my joining, my particulars are as under:

1. Name: _____
2. Name of Course / Specialty: _____
3. Date of Joining: _____
4. Date of Training Completion: _____
5. Date of Birth: _____
6. CNIC : _____
7. Domicile: _____
8. Date of Passing FCPS Part-I / MD/MS/MDS Part-I : _____
9. Govt./Departmental candidate: _____
(If Yes name of Department)
- Drawing the Salary (Yes /No) _____
10. Private candidate : _____
11. Name of Supervisor: _____
12. Phone Numbers Res. _____ Mobile _____
13. Email : _____

Signature of Scholar

(Signature of Supervisor)

(Signature of Chairperson of Department)

Registrar, SZABMU