



SHAHEED ZULFIQAR ALI BHUTTO
MEDICAL UNIVERSITY
EXAMINATIONS DEPARTMENT

PROVISIONAL CERTIFICATE FORM

Dated: _____

To

The Controller of Examinations
SZAB Medical University,
PIMS G-8/3, Islamabad

Subject: **ISSUANCE OF PROVISIONAL CERTIFICATE**

Sir,

I have passed my _____ Examinations on _____ under
Roll No _____

I have deposited the required fee Rs. _____/- with Challan No _____
Dated: _____

Kindly Issue me the Provisional Certificate/Transcript.

Name: _____

Father's Name: _____

Specialty: _____

Thesis Title: _____

Mobile No: _____

E-Mail: _____

Applicant Signature