



**SHAHEED ZULFIQAR ALI BHUTTO**  
**MEDICAL UNIVERSITY**  
EXAMINATIONS DEPARTMENT

**APPLICATION FOR SUBMISSION OF THESIS**

<b><u>PERSONAL INFORMATION</u></b>	
<b>UNIVERSITY REGISTRATION No</b>	
<b>DISCIPLINE</b>	
<b>NAME</b>	
<b>S/O,D/O,W/O</b>	
<b>PRESENT MAILING ADDRESS</b>	
	<b>CELL NO.</b> <span style="float: right;"><b>EMAIL:</b></span>

<b><u>THESIS</u></b>	
<b>TOPIC</b>	
<b>SYNOPSIS: (Date of Approval)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
<b>THESIS: (Date of Submission)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
<b>TRAINING: (Date of Commencement)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
<b>TRAINING: (Date of Completion)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
<b>PERIOD OF STUDY: (From)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
<b>PERIOD OF STUDY: (To)</b>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
	<b>TOTAL DURATION:</b>
<b>NAME OF SUPERVISOR</b>	
<b>EXACT VENUE OF STUDY (WHERE STUDY WAS CONDUCTED)</b>	

**ENCLOSE:**

1. Photocopy of AS & RB approval letter of synopsis.
2. Original fee deposit slip.
3. Four (04) sets of Hard copy of Thesis.
4. Soft copy of synopsis/Thesis in the form of CD.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_