



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

Recent
Photograph

ADMISSION FORM FOR DIPLOMA IN CAREGIVING

Name: _____

Father's Name: _____

Date of Birth: _____ **Gender:** [Male/Female]

Contact Information: _____

Office Address: _____

E-mail Address: _____

Mobile #: _____ **Phone #** _____

Employment Information (Current Position): _____

Designation: _____

Institution/Organization: _____ **Date of Joining** _____

Address: _____

Please type a one page statement about the following:

► What are your reasons for joining Diploma in Caregiving?

Course Information

Course Duration: 1 Year

Fee: PKR 150,000 (Non-Refundable)

Declaration & Undertaking

I hereby declare that the information provided is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of SZABMU where applicable. I understand that the fee once paid is non-refundable and that admission is subject to eligibility verification.

Applicant Signature: _____

Date: _____