

## SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

**EXAMINATIONS DEPARTMENT** 

## **REGISTRATION PERFORMA FOR CONVOCATION**

ject:	ROLL NO:
	N.I.C. NO:
lress:	
bile No.	Email:
<ul><li>Will you attend the</li></ul>	he Convocation Ceremony?
YES □	NO 🗆
I WO THEETE OF	allowed)
(Two Guests are	allowed)
Complete information	
Complete information of Guest 1	
Complete information of Guest 1  Name:	of Guest
Complete information of Guest 1  Name: Relation:	of Guest
Complete information of Guest 1  Name: Relation:	of Guest  N.I.C. NO:
Complete information of Guest 1  Name: Relation: Address: Guest 2:	of Guest  N.I.C. NO:
Complete information of Guest 1  Name: Relation: Address: Guest 2: Name:	of Guest  N.I.C. NO:
Complete information of Guest 1  Name: Relation: Address:  Guest 2: Name: Relation:	N.I.C. NO:
Complete information of Guest 1  Name: Relation: Address: Guest 2: Name: Relation:	N.I.C. NO:

## NOTE

- ➤ Please deposit fee Rs. 2500/- and submit along with this form before 23th January 2020 in the department of Examinations.
- ▶ Please send copies of C.N.I.C. of yours & Guests (if any) along with this form to examinations department, Shaheed Zulfiqar Ali Bhutto Medical University.
- > Please bring original NIC of yours & Guest (if any) along with you on convention.
- > Children are not allowed in convention ceremony.

## For further Enquiry;

Tel:

051-9260336

051-9107705

051-9262078