



# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## ADMISSION FORM CERTIFICATE COURSE IN ULTRASOUND

### Section A: Personal Information

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

Father's Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

### Section B: Contact Details

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Section C: Academic & Professional Details

Highest Qualification: \_\_\_\_\_

PMDC Registration (if applicable): \_\_\_\_\_

Awarding Institution: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Current Designation: \_\_\_\_\_

Organization / Institution: \_\_\_\_\_



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## Section D: Course Information

Course Duration: 6 Months

Mode of Delivery: Blended (Active interactive session Monday to Wednesday each week and Supervised practice session every Thursday and Friday)

Total Fee: PKR 125,000 (PKR 120,000 session fee + PKR 5,000 registration)

## Section E: 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: \_\_\_\_\_