



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

ADMISSION FORM DIPLOMA 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: _____



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

Section D: Course Information

Course Duration: 1 year.

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

Total Fee: PKR 250,000 (PKR 240,000 session fee + PKR 10,000 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: _____