



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

MANDATORY WORKSHOPS (Registration Form)

DEPARTMENT OF MEDICAL EDUCATION

(Please fill out completely so that your registration may be processed promptly)

Resident Name : _____ Program: MD/ MS/ MDS/ M.Phil.
Specialty : _____ Registration No: _____
Supervisor Name : _____
Date of Joining : _____ Date of Completion: _____
E-mail : _____ Cell No.: _____
Address : _____

Detail of Mandatory workshops

SR. NO.	WORKSHOP	FEE (PKR)	ATTENDED DATE	NOT ATTENDED	APPLIED
1.	Communication Skills	4,000/-			
2.	Computer & Internet Skills	4,000/-			
3.	Research Methodology Biostatistics & Medical Writing	4,000/-			
4.	Surgical Skills	6,000/-			

Please attach the following:

- Photocopies of Certificate (attached workshops)
- Fee Receipt

Date: _____

Resident Signature

PIMS, G-8/3, Islamabad, (44000) Pakistan

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