

Dated: _____

SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

EXAMINATIONS DEPARTMENT

MPH Examination Application Form Note: Use capital letters to fill this form								Paste 01 attested photograph from front	
Profile Inform	ation								
Full Name					SZABI Registi	MU ation N	lo.		
Father's/ Husband's Name					Nation	ality			
Applicant's CNIC		-		-	Mar	ital Sta	itus	Single	Married
Date of Birth:					Gende	r :		Male	Female
Examination: MPH									
Semester:	☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th Exam			Centre Shaheed Zulf			n Department fiqar Ali Bhutto Medical PIMS Islamabad		
Previous Results									
S. # Semester University			Result Declaration Date		al Marks %age ks Obtained		%age	Division	GPA
1. 1 st									
2. 2 nd 3. 3 rd									
4. 4 th									
4. 4					6.7				
Exam Fee Paid: RS. 16,000/		Bank Bran		City					
		Date:		Dra		Oraft/Challan No.		•	
Mailing Address:									
PostalAddress									
Phone Numbers Res:-		Mobile			E	-mail:			
Declaration: I do hereby declare that the information given above is correct. Incorrect information may lead to strict disciplinary action against me.									

Signature of the Candidate:_____



SHAHEED ZULFIQAR ALI BHUTTO

EXAMINATIONS DEPARTMENT

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To be filled by the car	ndidate in Ca	pital Letters		Roll N	0		
Semester :	☐ 1 st	☐ 2 nd	☐ 3 rd	4 th	Past 01 Attested		
Test Centre		n Department fiqar Ali Bhut lbad	photograph here				
Name							
Father Name							
CNIC No.				-			
Mailing Address							
Mobile No			Email:				
SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY							



EXAMINATIONS DEPARTMENT

To be filled by the candidate in Capital Letters			Roll No				
Semester :	☐ 1 st	☐ 2 nd	☐ 3 rd	4 th	Past 01 Attested		
Test Centre		n Department fiqar Ali Bhutt ıbad		niversity,	photograph here		
Name							
Father Name							
CNIC No.		-					
Mailing Address							
Mobile No			Email :				



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The attested copies of following documents must be attached:

- 1. Three Passport size photograph (on mentioned places)
- 2. Computerized National Identity Card (CNIC)
- 3. Copies of previous semesters results (if any).

GENERAL INFORMATION

- 1. Examination will be conducted in the examination department of Shaheed Zulfiqar Ali Bhutto Medical
- 2. University, PIMS Islamabad according to the exam schedule.
- 3. Last date for application submission will be 05th July 2017 before 4:00pm at Examination Department, Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), PIMS, Sector G-8/3 Islamabad.
- 4. Draft/Challan must be in favour of "Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad"
- 5. Incomplete applications and applications after due date will not be entertained.
- 6. For further information keep visiting our website.

(PROF. TANWIR KHALIQ)

Controller of Examinations Registrar