

## SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

**EXAMINATIONS DEPARTMENT** 

## REGISTRATION PERFORMA FOR CONVOCATION

Registration No:	
Name:	
Subject:	ROLL NO:
Session:	N.I.C. NO:
Address:	
Mobile N <u>o.</u>	Email:
Will you atte	nd the Convocation Ceremony?
YES	□ NO □
Complete information Guest 1	on of Guest
Name:	
Relation:	N.I.C. NO:
Address:	
Guest 2:	
Name:	
Relation:	N.I.C. NO:
Address:	
Signature:	Date:

## NOTE:

- ➤ Please deposit fee Rs. 2,500/- and submit along with this form before 24<sup>th</sup> February 2017 in the examinations department.
- ➤ 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 **N.I.C.** of yours & Guests (if any) along with you on Convocation.
- ➤ Children are **not allowed** in Convocation Ceremony.

## FOR FURTHER ENQUIRY:

Tel: 051-9262079 & 9107705