



SHAHEED ZULFIQAR ALI BHUTTO **MEDICAL UNIVERSITY**

ID CARD PERFORMA FOR POSTGRADUATE RESIDENTS

1 Passport Size
photo

Name	
Father's Name	
CNIC No.	
Department	
Program	
Date of joining	
Date of relieving	
PM&DC No.	
University Registration No.	
Blood Group	
Permanent Address	

Scholar Signature

Signature of Head of the Department
(with stamp)

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