



**Note: Please use capital letters to fill this form**

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&  
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with the form

|                            |                           |
|----------------------------|---------------------------|
| <b>March / April</b>       | <b>20_____Examination</b> |
| <b>September / October</b> | <b>20_____Examination</b> |

|                                             |                                                                                                                                                                                                                                        |                                               |      |        |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------|--------|
| <b>Full Name:</b>                           |                                                                                                                                                                                                                                        | <b>Father's/<br/>Husband's Name:</b>          |      |        |
| <b>University Reg. /<br/>Enrollment No.</b> |                                                                                                                                                                                                                                        | <b>PMDC Reg. No. &amp;<br/>Validity Date:</b> |      |        |
| <b>Applicant's CNIC</b>                     | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> </div> | <b>Nationality:</b>                           |      |        |
| <b>Date of Birth:</b>                       |                                                                                                                                                                                                                                        | <b>Gender:</b>                                | Male | Female |

|                                                        |                             |                             |                              |                                              |                                               |                                           |                                            |                              |                               |
|--------------------------------------------------------|-----------------------------|-----------------------------|------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------------------------|------------------------------|-------------------------------|
| <b>Discipline:</b>                                     | <input type="checkbox"/> MD | <input type="checkbox"/> MS | <input type="checkbox"/> MDS | <input type="checkbox"/> M. Phil<br>(Part-I) | <input type="checkbox"/> M. Phil<br>(Part-II) | <input type="checkbox"/> M.Sc<br>(Part-I) | <input type="checkbox"/> M.Sc<br>(Part-II) | <input type="checkbox"/> MPH | <input type="checkbox"/> P.hD |
| <b>Specialty:</b>                                      |                             |                             |                              | <b>Examination Type:</b>                     | Final                                         | MTA                                       | Semester                                   | Thesis defence               |                               |
| <b>Training Starting Date:</b>                         |                             |                             |                              |                                              |                                               | <b>Date of Completion:</b>                |                                            |                              |                               |
| <b>IMM Exam (Subject)</b>                              |                             |                             |                              |                                              |                                               | <b>Date of passing</b>                    |                                            |                              |                               |
| <b>Exam Fee Paid:</b>                                  | <b>Amount</b>               | RS.                         |                              |                                              |                                               | <b>Bank / Branch</b>                      |                                            |                              |                               |
|                                                        | <b>Challan No.</b>          |                             |                              |                                              |                                               | <b>date:</b>                              |                                            |                              |                               |
| <b>Roll No. of Last Exam attempted (For repeaters)</b> |                             |                             |                              |                                              | <b>Date of last examination</b>               |                                           |                                            |                              |                               |
|                                                        |                             |                             |                              |                                              | <b>No. of attempts</b>                        |                                           |                                            |                              |                               |

|                       |              |  |               |  |                |  |
|-----------------------|--------------|--|---------------|--|----------------|--|
| <b>Postal Address</b> |              |  |               |  |                |  |
| <b>Phone Numbers</b>  | <b>Res:-</b> |  | <b>Mobile</b> |  | <b>E-mail:</b> |  |

**I do hereby declare that the information given above is correct. Incorrect information may lead to strict disciplinary action against me.**

**Dated:** \_\_\_\_\_

**Signature of the Candidate:** \_\_\_\_\_

**Name of Candidate:** \_\_\_\_\_

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_ Date: \_\_\_\_\_

Application for Examination: \_\_\_\_\_

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_



**SHAHEED ZULFIQAR ALI BHUTTO**  
**MEDICAL UNIVERSITY**  
EXAMINATIONS DEPARTMENT

**List of Documents Required To Be Enclosed With the Exam Application Form**

| Examinations                                                | Required Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MTA</b><br><b>(Mid Term Assessment)</b><br><br>MS/MD/MDS | <ol style="list-style-type: none"><li>1. Attested Copy of CNIC/ Passport (foreigners only).</li><li>2. Attested Copy of University Registration Card.</li><li>3. Attested Copy of MBBS/BDS Degree.</li><li>4. Attested Copy of PMDC valid registration.</li><li>5. Attested copy of Training completion certificate stating completion of two years satisfactory training, issued by Registrar office and duly verified by the supervisor.</li><li>6. Attested copy of certificate of approval of Synopsis.</li><li>7. Clearance certificate from treasurer office of the university.</li><li>8. 3 passport size colored attested photographs</li><li>9. Evidence of having paid <b>examinations fee RS. 4,000/- (original Challan )</b></li></ol> <p><b>Note: All attestation must be stamped with name and designation of the attester.</b></p>                                                                                                                                                                                                                                       |
| <b>Final Examinations</b><br><br>(MS/MD/MDS)                | <ol style="list-style-type: none"><li>1. Attested Copy of CNIC/ Passport (foreigners only).</li><li>2. Attested Copy of University Registration Card.</li><li>3. Attested Copy of MBBS/BDS Degree.</li><li>4. Attested Copy of PMDC valid registration.</li><li>5. Attested copy of pass certificate of Mid Term Assessment (MTA)</li><li>6. Attested copy of Training completion certificate stating completion of required training, issued by Registrar office and duly verified by the supervisor.</li><li>7. Attested copy of certificate of approval of thesis by AS&amp;RB.</li><li>8. Certificate of filling E-Log book as per SZABMU rules duly signed by supervisor.</li><li>9. Attested copies of mandatory workshop certificates.</li><li>10. Clearance certificate from treasurer office of the university.</li><li>11. 3 passport size colored attested photographs</li><li>12. Evidence of having paid <b>examinations fee RS. 16,000/- (original Challan )</b></li></ol> <p><b>Note: All attestation must be stamped with name and designation of the attester.</b></p> |
| <b>M.Phil Part I &amp; M.Sc Part-I Examination</b>          | <ol style="list-style-type: none"><li>1. Attested Copy of CNIC/ Passport (foreigners only).</li><li>2. Attested Copy of University Registration Card.</li><li>3. Attested Copy of MBBS Degree.</li><li>4. Attested Copy of PMDC valid registration.</li><li>5. Attested copy of Training completion certificate stating completion of One year training, issued by Registrar office and duly verified by the supervisor.</li><li>6. Attested copies of mandatory workshop certificates.</li><li>7. Clearance certificate from treasurer office of the university.</li><li>8. 3 passport size colored attested photographs</li><li>9. Evidence of having paid <b>examinations fee RS. 16,000/- (original Challan )</b></li></ol> <p><b>Note: All attestation must be stamped with name and designation of the attester.</b></p>                                                                                                                                                                                                                                                          |
| <b>M. Phil Part II &amp; MSc Part-II Examination</b>        | <ol style="list-style-type: none"><li>1. Attested Copy of CNIC/ Passport (foreigners only).</li><li>2. Attested Copy of University Registration Card.</li><li>3. Attested Copy of MBBS Degree.</li><li>4. Attested Copy of PMDC valid registration.</li><li>5. Attested copy of pass certificate of M.phil Part-I</li><li>6. Attested copy of Training completion certificate stating completion of required training, issued by Registrar office and duly verified by the supervisor.</li><li>7. Attested copy of certificate of approval of thesis.</li><li>8. Attested copies of mandatory workshop certificates.</li><li>9. Clearance certificate from treasurer office of the university.</li><li>10. 3 passport size colored attested photographs</li><li>11. Evidence of having paid <b>examination fee RS. 16,000/- (original Challan )</b></li></ol> <p><b>Note : All attestation must be stamped with name and designation of the attester</b></p>                                                                                                                            |

**Note: Repeater candidates should submit only following documents:**

1. Original Challan of Examinations Fee
2. 3 passport size fresh colored attested photographs
3. Last Admit Card