



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM

1.	Name of Post & BPS											2 Photographs (Passport Size)						
2.	Name of Candidate																	
3.	Father's Name																	
4.	Date of Birth																	
5.	Nationality																	
6.	Domicile (Please ✓ any one)	Punjab	<input type="checkbox"/>	Sindh -Rural	<input type="checkbox"/>	Sindh-Urban	<input type="checkbox"/>	Khyber Pakhtunkhwa				<input type="checkbox"/>						
		Baluchistan	<input type="checkbox"/>	Gilgit Baltistan	<input type="checkbox"/>	FATA	<input type="checkbox"/>	AJK	<input type="checkbox"/>	Federal	<input type="checkbox"/>	Merit	<input type="checkbox"/>					
7.	Email Address																	
8.	Postal Address																	
9.	Permanent Address																	
10.	Telephone Number																	
11.	PM&DC No.																	
12.	CNIC No.						-										-	

13. ACADEMIC RECORD / QUALIFICATION

(Start with the highest degree)

Degree/ Certificate	Passing Year	Div./ Class	Name of Board / University

Academic distinction (Attached distinction letter)

q) Valid PM&DC Registration

r) Copy of Publication (If any)

I Dr/ Mr. /Ms. _____ hereby solemnly declare that the information provided by me for the appointment under BPS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, I shall be liable for the criminal proceeding under the relevant law and my appointment shall stand terminated.

/ /
Date

Signature of the Candidate

Note:- Incomplete application or any application submitted after due date shall stand rejected. Any sort of influence will also be accountable to non-consideration for further processing.

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

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