Documents to be Provided with the Degree Application Form

1. Degree Application Form duly attested by the Principal/Chairman of respective teaching department.

2. Attested copies of DMC’s of all Failed & Passed Professionals/Parts

3. Attested copies of Diplomas in Nursing & Midwifery and Equivalence Certificate (for B.Sc. Nursing Degree)

4. Copies of Matric & Intermediate Certificates or Equivalent duly attested

5. Copy of MBBS Degree (for Postgraduate Degrees/Diplomas)

6. Copy of Migration/Upgradation Letter (if applicable)

7. Reason of application duly attested by Principal/Chairman of respective teaching department.

8. Attested copy of Provisional Certificate.

9. A fee of Rs.16000/- (regular) or Rs. 32000/- (urgent) is to be paid through Bank Draft or Pay Order in favour of Treasurer SZABMU, Islamabad. For convenience SZABMU Bank Challan Form is also available at NBP Branch, PIMS, Islamabad.

10. CNIC Copy duly attested

11. Three Passport size Photographs duly attested

12. Applicant’s and Father’s name must be written exactly as per Matric Certificate or preceding degree in the application form. Also all DMCs (passed/failed) with same names and no abbreviations is required else correction in DMCs is compulsory.

13. A signed certificate (as per “Annex-A”) to confirm/verify the correct spelling of applicant, father’s and institute name. As after the issuance of the degree, no duplicate/fresh degree is issued due to any difference in spellings.

14. Please Deposit Original DMC’s of all Professional passed in University other than SZABMU along with their verified copies from respective University. The original DMC’s will be returned with the Degree.

Note:

1. The Degree Application Form will not be accepted by SZABMU unless all the above listed documents are correctly attached with the form in descending order.

2. **For M. Phil Degree:** Please attach attested copy of final result Notification.
CERTIFICATE

Correct Spellings of the Applicant and Father’s Name Exactly as per Matric Certificate

* In case of postgraduate degree/diploma, name spellings to be written exactly as per preceding degrees.

(To be handed over to SZABMU Degree Cell Examinations Department along with the Degree Application Form)

Name (Capital Letters): - ________________________________

Father’s Name (Capital Letters): - ________________________________

Institute/College Name: - ________________________________

Dated: - ________________  Signature: - ________________________________

Name: - ________________________________
SHAHEED ZULFIQAR ALI BHUTTO
MEDICAL UNIVERSITY
EXAMINATIONS DEPARTMENT

Application for Degree

(Office Use Only)  Diary No. 

Note:
- The form shall be submitted to the office of the Degree Cell Examinations Department.
- Please fill in the form in black ink and clearly print or type only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new words begins in the same line or where nothing further is to be written.
- Avoid any over writing and other mistake while filling in the form. Please make sure the form is filled in as neatly as possible. If there are too many mistakes in the form fill in the new form. Blanco or fluid isn’t allowed.
- Wherever small choice field boxes are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked.  

<table>
<thead>
<tr>
<th>1.</th>
<th>Type of Degree</th>
<th>MBBS</th>
<th>BDS</th>
<th>MD/MS</th>
<th>MDS</th>
<th>M. Phil</th>
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<tr>
<td></td>
<td>(Specify in 11)</td>
<td>PhD</td>
<td>Diploma</td>
<td>Nursing</td>
<td>Paramedic</td>
<td>Other (Specify)</td>
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</tbody>
</table>

Applicant's Personal Information

2. Full Name (First, Middle, Last)

3. Father’s Name (First, Middle, Last)

4. Date of Birth (DD/MM/YYYY)

5. Applicant’s NIC (Provide copy)

6. Name of Institute

7. Registration Number

8. Session

9. Final Examination Held in

10. Roll No. (Final Exam)

11. Type of Degree

12. Subject (If applicable e.g. postgraduate)

13. Present Address

14. Telephone No.

15. E-mail/Fax #

16. Permanent Address (mention all relevant information like Post Code, etc.)

17. Line No. 2
16. Have you ever been issued the degree?  
☐ Yes  ☐ No

17. Amount Rs. ________ Mode of Payment  
☐ Draft  ☐ Bank Receipt

18. Draft/Bank Receipt No:_________ Date: ________

NOTE: Attach original Bank Draft/ Bank Receipt with this form

19. I have attached the attested copies of the following documents with this form (Tick applicable box)

☐ Matric & F.Sc or Equivalent  ☐ Provisional Certificate  ☐ DMC’s of all Failed & Passed Professionals/Years

☐ CNIC/#Passport  ☐ Three Attested Photographs  ☐ Reason of application

*For Foreign Students only

☐ MBBS/BDS Degrees  
(only for the Students of Postgraduate Degrees)

20. DECLARATION:

I hereby solemnly declare and affirm that the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief, and nothing material has been concealed or withheld herein. I understand that applying for issue the degree without being eligible for it, is a crime punishable under the criminal act of law.

Signature of Applicant

Dated: ________________

21. VERIFICATION BY THE PRINCIPAL/ CHAIRMAN OF RESPECTIVE TEACHING DEPARTMENT.

I certify that: (1) all information provided and statements made by the candidate in this form are true and correct to the best of my knowledge and as per this office record (2) The candidate is eligible for the degree he/she has applied for. (3.) *The candidate has passed the subject of Islamic & Pakistan Studies.

*applicable only to MBBS/BDS candidates.

Signature of Principal/Chairman

Dated: ________________

Controller of Examination

Please attach original DMC’s of all Professional passed in University other than SZABMU along with this application form. The original DMC’s will be returned with the Degree

Office Stamp

______________________________
Full Name
For Office Use Only
(Processing by SZABMU Departments)

Treasury Office

Certified that a sum of Rs. ____________ is received from _______________ vide Bank Draft/Bank Receipt No. ____________ as Degree fee for ____________ Degree

______________________________
Full Name

______________________________
Treasure’s Signature & Stamp

Registration Office

Particular of the candidate according to Registration Record are:

Academic Session: _______________ Registration No. ______________________

Spelling of Name as per Registration Record: __________________________________________

<table>
<thead>
<tr>
<th>Migrated from</th>
<th>Institute to</th>
<th>Institute</th>
<th>No Migration</th>
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<td>_____________</td>
<td>____________</td>
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<td>_____________</td>
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</tbody>
</table>

______________________________
Full Name

Examinations Section

Certified that the candidate has cleared his/her final examination of _______________ in

______________________________
Registrar’s Signature & Stamp

Examinations Section

Certified that the candidate has cleared his/her final examination of _______________ in

______________________________
Controller of Examination

______________________________
AC (Undergraduate/Postgraduate) Signature & Stamp

Controller of Examination

Certified that I have verified original Record of the candidate and recommend him/her for issue of Degree

______________________________
CoE Signature & Stamp

Degree Cell

Degree bearing serial no. _______________ has been delivered on _______________. The entry has been made at serial no. _______________ on the “Degree Record Ledger”. A photocopy of the degree has also been kept for record.

______________________________
Incharge Degree Cell Signature & Stamp