

PROF. DR. MMUHAMMAD TARIQ GHAFUOR

Convener 5th Convocation

HEAD OF SURGERY DEPARTMENT
SHEIKH ZAYED MEDICAL COLLEGE
/ HOSPITAL, RAHIM YAR KHAN

Ph: 068-5878614 (DME) 068-9230164

Fax No. 068930428

Email: tariqghafoor55@gmail.com

Ref. No. 1-300/5th Conv./SZMC

Dated: 05/09/2022



REGISTRATION FORM FOR 5TH CONVOCATION, 2022

A. Name:- _____ S/o,D/o: _____

Address: _____

(Confirm your address / new address if any)

Class Roll No. - _____ University Reg.No:- _____

CNIC _____ Session: - _____

Present place of working: - _____

CONTACT NO: Mobile: _____ WhatsApp No: _____ E-mail: _____

MBBS degree received from UHS or not:

Yes No

PHOTO

Paste 1 photograph
of 3 x 3cm here & 1
extra attached with
the form

B. Accompany persons (Maximum 2)

1) Name: _____ S/O D/O W/O _____ Relation _____

Address _____

CNIC _____ Mobile No. _____ email address _____

2) Name: _____ S/o D/o W/o _____ Relation _____

Address _____

CNIC _____ Mobile No. _____ email address _____

ACHIEVEMENTS:-

1) Position:

	1 st Prof	2 nd Prof	3 rd Prof	4 th Prof	Final Prof
College					
University					

2) Distinction: _____

3) Other: _____

Accommodation: -
(During convocation)

Single

Yes

No

Double

Yes

No

Date: _____

Signature

Note: Attach attested photo copies of;

- CNIC
- Documentary proof of any Position, Distinction or Medals.
- Copy of CNIC & 02 photographs of accompanying persons.
- Draft of Rs. 3000 as registration fee plus Rs. 1000 per guest in the name of The Principal SZMC/SZH, Rahim Yar Khan.