

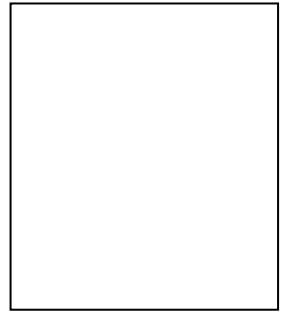


ZIAUDDIN UNIVERSITY

4/B Sharah-e- Ghalib, Block 6 Clifton Karach-75600 Pakistan

E-mai:Info@zmu.edu.pk Website: www.zmu.edu.pk

Ph: 9221-5862937-9 Fax: 9221-5862940



Diploma in Family Medicine **APPLICATION FORM**

TO BE FILLED IN CAPITAL LETTER

Form No.

1-Personal Information

Receipt no.

Full Name

Date of Birth Place of Birth

Nationality N.I.C No

Father`s Name Occupation

Local Address

Permanent Address (in case living outside Karachi)

Telephone No Cell No

Fax E-mail

2- Educational Information

Degree

Name of University/Institution	Degree	Passing Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4-Financial Information

Ziauddin University does not grant Financial Assistance to the application /students.

Who will finance your two years DFM education at Ziauddin University?

Parents Self Parent`s Employer (Original Letter of commitment etc. Required)

FINANCIAL SPONSOR:

Name of Sponsor S/o

Occupation

If Employed, Name of Employer

If Business, Nature of Business

Office/Business Address

Phone/Cell No. E-mail:

5-Undertaking

I certify that the information provided on this form is correct and complete. I understand that the failure to submit all required materials, withholding information required on this form, or giving false information and documentation will make me ineligible for admission or subject to cancellation of admission.

I shall abide by the rules and regulations pertaining to admission and I shall accept the University regarding selection.

I understand that during Two years of my DFM course in case of any dispute regarding fees, college/ University Examination results, disciplinary action, the decision taken by the University and its Committee will be final and acceptable to me and my Sponsor. I and my Sponsor shall abide by all such decisions of the University

I _____ undertake the guarantee to pay the full tuition fee as mentioned in
Sponsor
Prospectus.

Name and Signature of Sponsor

Name and Signature of Applicant

Date

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FOR OFFICE USE ONLY

Copies of the following documents received

- 1. Medical Degree
- 2. NIC of Applicant

YES	NO

Date

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Signature of Official