LARKANA

BS-MED COURSE

Department of Medical Education



SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL UNIVERSITY LARKANA

Email:dra_hamid@yahoo.com

www.smbbmu.edu.pk

Tel# 074-9410988

Application Fees Rs. 1500/-

Title: BS-MED Course	
October 2017	
INSTITUTION: SMBB Medical University Larkana	
have paid Rs	
Draft in favour of Vice Chancellor SMBBMU Larkana)	
To The Director Medical Education SMBBMU Larkana Sir,	
I request permission to present myself at the ensuing BS-MED Course at SMBBMU Larkana	
PERSONAL DETAILS Name Father's Name Surname	
Computerized National Identity Card. (CNIC)	
in- Service / Private candidate Employing authority	
n Case of Foreigners: Passport No. Date of Issue:	
Religion Sex Male Female Nationality	
Postal Address Phone # Mobile #	
Examination Passed Seat No Year Name of Institution Name of University Final Prof: MBBS	
Yours Obediently,	
Date: Signature	
Name:	

IMPORTANT INSTRUCTIONS FOR FILLING UP THE BS-MED COURSE FORM

- 1. Application Form can be downloaded from website: www.smbbmu.edu.pk or can be obtained from office of Director Medical Education SMBBMU Larkana.
- 2. This form will rejected if the entries regarding full name and other items of information are not clearly mentioned in the form.
- 3. Form submitted after the prescribed date shall not be accepted.
- 4. Whatever is indicated in the form shall be considered as final.
- 5. All entries in the form should be made in BLOCK LETTERS.
- 6. Form should be thoroughly checked before it is submitted to the Department of Medical Education Shaheed Mohtarma Benazir Bhutto Medical University Larkana.
- 7. The candidate is required to attach following documents with this form (duly attested photocopies).
- a. MBBS Degree,
- b. Valid PMDC Registration Certificate,
- c. One year house job certificate
- d. Three fresh passport size photographs.
- e. Copy of CNIC
- f. Original copy of bank draft of authorized bank (non-refundable).
- g. Any other additional degree/ diploma.