

13TH CONVOCATION NOV 2019
FAISALABAD MEDICAL UNIVERSITY, FAISALABAD



Registration Form

1) DETAIL OF GRADUATE

MBBS

BDS

No. _____

Date. _____

Name: _____

Father's Name: _____

Roll No. _____

Registration No. _____

Session: _____

Attach here one passport size photograph and a copy of CNIC with Stapler.	
Picture	CNIC

Amount Paid 3000Rs.

2) DETAIL OF ACCOMPANY PERSON

Name: _____

Relationship with Graduate: _____

Attach here one passport size photograph and a copy of CNIC with Stapler.	
Picture	CNIC

Amount Paid 1000Rs.

Total Amount Paid: _____

(For Office Use only)

Name of Graduate: _____

Total amount Paid: _____

Received By:

No. _____

Date. _____

Name: _____

Signature: _____