

Please attach  
one passport size  
photograph

**REGISTRATION FORM FOR CONVOCATION-2017**  
**(All fields are mandatory)**

I wish to attend the Convocation 2017 to receive my Degree of:

MBBS

BDS

MPH

PHARM-D

M. Phil

**Please attach the completed degree application form along with photocopy of payment receipt of Rs 2000.00 (50% of the normal fee) if degree not received in absentia.**

**My particulars are as under:**

**Year of Graduation:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_

**Phones:**

**Residence:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**CNIC No.** \_\_\_\_\_

I am enclosing Bank Draft/Cash Receipt No \_\_\_\_\_ Dated \_\_\_\_\_ for  
**Rs 7000.00 as Convocation Registration Fee and Rs 2000.00 as Degree Fee.**

- Rs 1000.00 are refundable after the return of Convocation Robes
- Please attach photo copy of the degree if already received

**Signature:** \_\_\_\_\_