Baqai Medical University

Deh Tor, Toll Plaza, Super Highway, Gadap Road, Karachi.
Tel: 34410293-98 Email: convocation2017@baqai.edu.pk

Photograph

Convocation 2017

REGISTRATION FORM

NAME: _____
(IN BLOCK LETTERS)

FATHER'S NAME: _____
(IN BLOCK LETTERS)

EXAMINATION PASSED

Seat No. of Final Year Exam. _____ Enrollment No. _____ Roll No. _____

Degree Obtained _____ Faculty _____ Year of Graduation _____

Distinction / Highest Marks Obtained in the Subject(s): _____

Phone No. _____ Mobile No. _____ E-mail: _____

CNIC No. | | | | | – | | | | | | | | | – | |

Full Residential Address _____

_____

Accompanying Persons (if any) with relation & their NIC #: _____

1. Name _____
| | | | | – | | | | | | | | | – | |
Father's Name: _____
Contact #: _____
Address: _____

2. Name _____
| | | | | – | | | | | | | | | – | |
Father's Name: _____
Contact #: _____
Address: _____

Signature of Candidate

Requirements:

- ❒ Registration Fee Rs. 6500/- (Gown Charges NOT included)
- ❒ Provide copy of documents for University Record
- ❒ Photocopy of Marks Sheet of Final Year / Degree
- ❒ Two Passport size Photographs
- ❒ Guest CNIC photocopy required
- ❒ Keep original documents for verification (Final year Marks Sheet / Letter for Ph.D, M.Phil, M.S etc.)

Verification from Director Students Affairs

Position / Distinction / Highest Marks in Subject(s) _____

Gold Medal Award _____ YES / NO

Sign. of Director Student Affairs