



**Shaheed Mohtarma Benazir Bhutto
Medical University, Larkana.
APPLICATION FORM for Ph. D Scholarships**

Please read the following statements carefully and tick YES or NO and leave unchecked where not applicable

S. No.	Description	Answer
01	Are you Pakistani?	YES <input type="checkbox"/> NO <input type="checkbox"/>
02	Have you completed the minimum of 16 years of academic education in relevant field of study?	YES <input type="checkbox"/> NO <input type="checkbox"/>
03	Your No. of 2 nd Division do not exceeds as prescribed*?	YES <input type="checkbox"/> NO <input type="checkbox"/>
04	Your % age marks in entire academic career are as per eligibility criteria*?	YES <input type="checkbox"/> NO <input type="checkbox"/>
05	Are you within the prescribed age limit on closing date of application*?	YES <input type="checkbox"/> NO <input type="checkbox"/>
06	You are not availing HEC, University/DAI, Departmental or any other scholarship.	YES <input type="checkbox"/> NO <input type="checkbox"/>
07	One selection would be able to get leave sanctioned for the whole period of study (Only for Govt. Employees?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
08	On completion of your studies, you are ready to serve the host institution for at least 5 years in Ph. D Scholarship availed.	YES <input type="checkbox"/> NO <input type="checkbox"/>

* Please see the eligibility criteria and specific requirements.

NOTE:

If your answer is yes to all of above listed statements/questions, you may proceed further

PERSONAL INFORMATION

1. APPLICANT'S NAME

(Full Name as given in Matric Certificate)

2. FATHER'S NAME

Full Name

3. DATE OF BIRTH

--	--	--	--	--	--

D D M M Y Y

4. AGE

--	--	--	--

M M Y Y

5. GANDER MALE FEMALE

6. MARITAL STATUS

SINGLE

MARRIED

7. CNIC #

--	--	--	--	--

--	--	--	--	--	--

8. PASSPORT #

--	--	--	--

9. POSTAL ADDRESS

--

CITY

10. PERMANENT ADDRESS

--

CITY

11. EMAIL ADDRESS

--

Most of the future correspondence will be done using email address or permanent address

12. TEL #

--

RES #

--

MOB #

--

DOMICILE

1. PUNJAB

2. SINDH RURAL

3. SINDH URBAN

4. FANA/FATA

5. NWFP

6. BALOCHISTAN

7. AJK

8. CITY

--

9. DISTRICT

--

ACADEMIC RECORD

Fill this Section carefully and completely, incomplete will not be processed.

CERTIFICATE/ DEGREE***	CGPA		DIVISION	%AGE"	MAJOR SUBJECT(S)	BOARD/UNIVERSITY	FROM		TO	
	4	5					MM	YY	MM	YY
Matric SSC/ O-Level 10 Years										
Intermediate HSC/ A-Level 12 Years										
Bachelor										
Masters M. Sc. (Hons)/ M. Phil in The Subject										
Postgraduate										

* Candidates from the semester system should tick CGPA 4 or 5, whatever applicable and then enter CGPA obtained.

** Candidates from the Annual Systems should enter the %age of marks obtained and corresponding Division.

*** Please fill the details against relevant Certificates Degrees applicable to you.

EMPLOYMENT RECORD

Fill this Section starting from the current employment details in top row.

EMPLOYER		PUBLIC or PVT.	PAY SCALE	DESIGNATION/ POST TITLE	FROM		TO	
NAME	ADDRESS				MM	YY	MM	YY

(C) Please tick if the job is public or Pvt.

Govt. employees should write standard Govt. Pay Scales, While Pvt. Employees and Businessmen Should Write Salary and Income respectively.

PREFERRED SUBJECT FOR PH.D.

Give your choice of subjects

01		02	
03		04	

GAT (GENERAL SCORE)

Applications who have a valid 50% or more GAT or International GRE score may fill in this section

SN	ROLL #	TEST DATE			BEST SCORE	ENGLISH	ANALYTICAL	QUANTITATIVE	ACCUMULATIVE
		DD	MM	YY					

Please tick only one of the following options as per your employment status (if any)

1. PUBLIC SECTOR UNIVERSITY
2. PUBLIC SECTOR R&D ORGANIZATION
3. PUBLIC SECTOR COLLEGE
4. PUBLIC SECTOR ORGANIZATION
5. ALL OTHERS

UNDERTAKING BY THE APPLICANT

I, _____ D/S/W of _____ do hereby solemnly affirm that I have read and understood the conditions of the award of this program/scheme advertised in the print and electronic media and that the decision of university would be final and binding on me. In the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in termination of my service and recovery of full amount spent on me in connection with this award.

Signature of Applicant

DATE: _____.

ATTESTATION BY THE HEAD OF THE ORGANIZATION (ONLY FOR CANDIDATE ON JOB)

To be filled by the Organization as No Objection Certificate (NOC)

Certified that the statement made above has been verified and found to be true. It is also certified that Mr. /Ms. _____ CNIC # _____ - _____ - _____ is our regular/ permanent employee and study leave will be sanctioned for the whole period of scholarship, if he/she is selected for the Ph.D. programme.

Date: _____

Signature
(Head of the Institutions)* _____

Designation _____

Office Stamp: _____

* Vice Chancellor/Rector/Chairman (P&D) Org. / Secretary (Ministry/Dept.). DG (Dept.), if Candidate is serving in Govt./Semi-Govt./Autonomous Body.

Note:

- ✓ Please attach all the supporting documents and Bank Draft (s) as Per Checklist with this application form
- ✓ Incomplete application form will not be processed.
- ✓ Any change or amendment in data submitted in this form will be made only on written request of the candidate. List of eligible will be displayed on website.
- ✓ Please do not attach last page (showing specific requirements) with the application form.

Send filled in application form to:

REGISTRAR

Address: Administration Block, Shaheed Mohtarma Benazir Bhutto
Medical University Larkana, Sindh, Pakistan

Email: registrar@smbbmu.edu.pk

Phone: +92-74-9410907

Fax: +92-74-4752408