



SMBB MEDICAL UNIVERSITY LARKANA

CONVOCATION REGISTRATION FORM

PROGRAM: _____

INSTITUTION: _____

YEAR OF GRADUATION: _____

BATCH: _____

PHOTOGRAPH

FULL NAME: _____

FATHER'S NAME: _____

ROLL NO: _____ CNIC NO: _____

CONTACT NO: _____ E-MAIL: _____

NUMBER OF ADDITIONAL GUEST(S): _____

NOTE:

ATTACH SUPPORTIVE DOCUMENTS:

- 1) Original Bank Payment Slips of Rs. 8,000/- for Undergraduate Students and Rs. 15,000/- for Postgraduate Students with the form.
- 2) 2 Photographs
- 3) Copy of CNIC
- 4) Copy of Final Transcript

NOTE:

- Please fill out the form and submit with all required documents at your convocation desks at your respective college or send by Courier to following address by **11th December 2023**.

Address:

Convocation Registration Office
Prof. Dr. Amar Lal Gurbakshani
Department of Physiology
Bibi Aseefa Dental College @SMBBMU
Larkana