



SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL & DENTAL COLLEGE LAHORE

APPLICATION FOR BONAFIDE /PROVISIONAL/CHARACTER CERTIFICATE

To,
The Principal
SKZMDC

I, Mr. /Miss _____

S/O, D/O _____

Student of MBBS _____ Year

Session _____ Roll No _____

Date of Birth _____

APPLYING FOR: -

1. Bonafide Certificate
2. Provisional Certificate
3. Character Certificate

Signature of Student: _____

REGISTRAR