



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

APPLICATION FOR LETTER OF RECOMMENDATION

To,
The Principal
SKZMDC

I, Mr. /Miss _____ S/O, D/O _____

Student of MBBS _____ Year Session _____ Roll No _____

Admission Date _____

Signature of Student: _____

Instructions:-

Student should attach following documents with this application form:

1. University Registration Card Copy.
2. All Academics Results Cards Copy.
3. A-Level (Equivalent) or F.Sc Result Card Copy.

REGISTRAR

APPROVED/ NOT APPROVED