



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

APPLICATION FOR TRANSCRIPTS

To,
The Principal
SKZMDC

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

Student of MBBS _____ Year Session _____ Roll No _____

Date of Birth _____

APPLYING FOR: -

1. Collective Transcripts
2. Subject Transcripts

If for selective subjects, Specify please: _____

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.

NO OUTSTANDING DUES CERTIFICATE FORM

Accounts Officer, SKZMDC: - _____

Hostel Warden: - _____

REGISTRAR

APPROVED/ NOT APPROVED