



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FOR SUBMISSION OF SYNOPSIS

PERSONAL											
REGISTRATION No.											
MS/MD/MDS/M.Phil				DATE OF JOINING	D		M		Y		
DISCIPLINE											
NAME				S/O, D/O, W/O							
PRESENT MAILING ADDRESS											
TELEPHONE				EMAIL ADDRESS							
SYNOPSIS											
TOPIC											
SYNOPSIS DATE OF SUBMISSION	D		M		Y	DATE OF COMMENCEMENT	D		M		Y
TOTAL DURATION OF STUDY IN MONTHS											
SAMPLE SIZE											
SOURCE OF DATA (Please Tick Mark)	INPATIENT <input type="checkbox"/>			OUTPATIENT <input type="checkbox"/>							
SETTING (WHERE STUDY TO BE CONDUCTED)											
NAME OF SUPERVISOR											
NAME OF INSTITUTION											
Enclose: 1. Performa 2. Photocopy of University Registration No. 3. Copy of payment of synopsis Assessment Fee Rs. 2000/- Date: _____	Signature: _____ Name: _____										
FOR OFFICE USE											
1. Please enclose supervisor's covering letter. 2. Send 4 hard copies and 1 soft copy CD of your synopsis to the Director Research Evaluation Unit.											

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