INSTITUTE OF RESEARCH &
ADVANCED STUDIES OF PHARMACY
A PROJECT OF SMS EDUCATIONAL SERVICES (PVT.) LTD.

Affiliated with Bahauddin Zakariya University, Multan.

BZU REGISTRATION FORM

Paste Photo Here

College Roll No._____ (for Official Use)

Date of Admission:_____ (for Official Use)

Degree Registration: _____

Name of Student:_____

Father Name:_____

CNIC / B-Form of Student: | | | | | | – | | | | | | | | – | |

Date of Birth: Month:_____ Date:_____ Year: _____

District:_____ Gender: ☐ Male ☐ Female

Phone No. (Without Dashes):_____ e.g. 03001234567

Email Address:_____ Subject:_____

Last Passed Intermediate / Bachelor or Equivalent Education Details

Exam Type: ☐ Annual ☐ Supplementary

Roll No._____ Year:_____ (e.g. 2019)

Board/University:_____

Last Passed Exam:_____

(In case a student migration from other University/Board of Intermediate and Secondary Education, name of the University Board should be mentioned)

Remarks:_____

_____

(for official use)