

For Office Use Only			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short Listed for:		Selected:	
Called on:			

PHOTOGRAPH

**To be filled in by the applicant. Please fill in BLOCK letters.**

Date:	Position Applied For (Please Tick Only One of the Following Discipline)		
	<input type="checkbox"/> Interventional Radiology	<input type="checkbox"/> Anaesthesia	
	<input type="checkbox"/> Haematology	<input type="checkbox"/> General Medicine	
	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Paediatrics	
	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Urology	
Full Name (Dr.)		Marital Status	
		<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Other
Father's / Husband's Name		Gender	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	Place of Birth		
National ID Card No.	Nationality	Domicile	
Present Address:			
Permanent Address:			
Telephone Number (Residence)			
E-Mail Address:		Mobile Number:	

### EDUCATION

QUALIFICATION	Name of the Institution	Obtain/Total Marks	%Age	Attempts	Year of Passing
Medical Graduation	1st Prof	/			
	2nd Prof	/			
	3rd Prof	/			
	Final Prof	/			
PGMI Test Marks	<input type="checkbox"/> Yes <input type="checkbox"/> No	/			

FCPS - I Attempts  1st  2nd  3rd  More than 3 attempts

Name & Address of Medical College / University	

**HOUSE JOB DETAILS**

Name of Institution	From	To

**Experience After FCPS - I**


**PMDC Registration No.**

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**NOTE**

- Attach a Photocopy of CNIC, One recent photograph, PMDC Registration certificate, House Job Certificate and CPSP letter of Congratulation
- Photocopies of all necessary documents, including academic certificate showing detailed marks/attempts of all profs.
- Do bring your Original Documents at the time of interview.
- All columns must be filled by the applicant.
- Incomplete form will not be entertained.

Signature \_\_\_\_\_