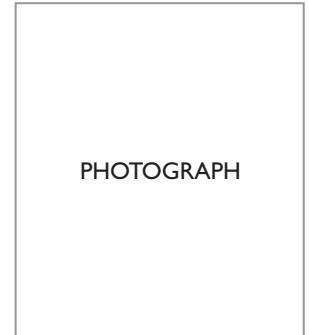


For Office Use Only		Yes	No
Short Listed for:	Interviewed:		
Called on:	Selected:		



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"/> Anaesthesia <input type="checkbox"/> Cardiology <input type="checkbox"/> General Medicine <input type="checkbox"/> General Surgery <input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Paediatrics <input type="checkbox"/> Obstetrics & Gynaecology <input type="checkbox"/> Histopathology <input type="checkbox"/> Hematology <input type="checkbox"/> Chemical Pathology	<input type="checkbox"/> Radiology <input type="checkbox"/> Maxillofacial Surgery <input type="checkbox"/> Orthodontics <input type="checkbox"/> Operative Dentistry
Full Name (Dr.):		Marital Status	
		Single	Married Other
Father's / Husband's Name		Gender	
		Male	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	/			
FCPS - I		/			

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, Two recent photographs, 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 _____