

PAF HOSPITAL FAISAL, KARACHI
REGISTRATION FORM FOR CIVILIAN POST GRADUATE INDUCTION

1. Speciality applying for _____

2. Duration of Training _____

3. Personal Information

Name _____ Mobile No _____ CNIC No (with dashes) _____

Father/Husband/Guardian Name (As per CNIC) _____ Marital Status _____

E-Mail _____ Nationality _____

4. Academic Record

MBBS Passing Year _____ Institute _____

Marks obtained (Total) _____ Out of _____

Percentage _____ No of Awards / Distinction (if any) _____

5. PMDC Registration

PMDC Registration No _____ Valid Up to _____

5. House Job

Designation _____ Institute _____

From _____ to _____

6. FCPS Part-I

Passing Year _____ CPSP Registration No / Roll No _____

Valid Up to _____

7. Sub Speciality Experience Details (if applicable)

Sub Speciality _____ Institute _____

Duration of Training _____ (___ Y ___ M ___ D)

From _____ to _____

Experience certificate _____

8. Change of Institute/ Supervisor

Previous Institute _____ Total Training _____ (___ Y ___ M ___ D)

From _____ To _____

Reason to change _____ NOC from Previous Institute _____

9. Payment Details

Registration Fee Rs.3000/- (Rupees Three Thousand only)

Bank: _____

Account Number: _____

Account Title: _____

Branch: _____

Paid Fee Challan: (Original to be received)