



**KHAIRPUR MEDICAL COLLEGE TEACHING
HOSPITAL, KHAIRPUR MIR'S**

APPLICATION FORM

PHOTOGRAPH
(Pasted)

FOR ADMISSION TO
FCPS-II - SESSION: _____

Course / Program Applied For

2-year

4-year

Fee Paid Rs.

Name of Bank:

Challan / Draft / Pay Order No.

Dated:

PERSONAL INFORMATION (IN CAPITAL LETTERS)

Name:

Marital Status:

Father's Name:

Husband's Name:

Computerized National Identity Card (CNIC) No.

Name of employer / organization:
(for in-service candidates only)

Present Posting / Position :

Address : (Present)

(Permanent)

Telephone no(s) Off :

Residence :

Cell :

E-mail :

Date of Birth:

Domicile :

Religion :

Nationality :

PMDC Registration No. :

Valid upto :

Passport No. :
(for foreign applicants only)

Country :

Candidate's Signature:

ACADEMIC RECORD**Year of Graduation :**

EXAMINATION PASSED	YEAR	NUMBER OF ATTEMPTS	MARKS OBTAINED (OUT OF TOTAL)	INSTITUTION
First Prof:				
Second Prof:				
Third Prof:				
Fourth Prof:				
Final Prof:				
Post-graduation (if any):				

RECORD OF JOB EXPERIENCE / EMPLOYMENT / RESIDENCY

NATURE OF JOB	DESCRIPTION / SPECIALTY	DURATION	INSTITUTION
1. House Job	a) b) c) d)		
2. All Jobs (mention in chronological order including Rural Service if any)			

(Attach additional sheet, if necessary)

PUBLICATIONS IN PMDC RECOGNIZED JOURNALS

SR. NO.	TITLE	AUTHORSHIP STATUS 1 ST , 2 ND , 3 RD	ISSUE OF JOURNALS

(Attach additional sheet, if necessary)

LIST OF COURSES / WORKSHOPS / TRAININGS ATTENDED (IF ANY)

(Attach additional sheet, if necessary)

REFERENCES :**Name of two reputed and responsible persons**

REFERENCE - 1		REFERENCE - 2	
Name:		Name:	
Position:		Position:	
Address:		Address:	
Tel. # Res:	Mobil:	Tel. # Res:	Mobil:

DECLARATION

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE ALL THE RULES & REGULATIONS OF POSTGRADUATE STUDIES KMC, AND ANY CHANGES MADE BY THE COLLEGE AUTHORITIES FROM TIME TO TIME, WITHOUT PRIOR NOTICE.

Date: _____

CANDIDATE'S SIGNATURE

Please read and follow the instructions before filling up the application form

Instructions:

1. Please complete all the parts, incomplete / short documented form will not be entertained.
2. Please write in CAPITAL letters.
3. Attach all attested photocopies of relevant documents.
4. Separate form to be filled for each course.

CHECK LIST OF DOCUMENTS (ATTESTED)

Please fill all the columns & tick as appropriate

- | | Y | N |
|--|--------------------------|--------------------------|
| 1. MBBS Degree Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Valid PMDC Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One Year House Job Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Consolidated/Transcript or separate marks certificates of all professional examinations | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Certificate of other qualification (if any) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Certificate of present posting / employment (if any) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Publication(s) (if any) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Matriculation certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Intermediate certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Computerized National Identity Card | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Domicile certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Experience certificate in relevant field (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Letter of congratulation of FCPS - I (for FCPS Candidates only) | <input type="checkbox"/> | <input type="checkbox"/> |

Date: _____

Signature of Candidate

FOR OFFICE USE ONLY

Serial No. _____ Documents: Complete / Incomplete _____

Eligible : _____ Not Eligible : _____ Receipt No . _____

(Signature of Chairman)
Postgraduate Section, KMC, Khairpur



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ADMIT SLIP

PHOTOGRAPH
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FCPS-II - Session: _____

CENTRE	SEAT NO.

Course / Program Applied For

2-YEAR / 4-YEAR

Name: _____

S/o, D/o : _____ CNIC No. _____

Signature of Candidate

Signature of Chairman with Seal



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