



# KHAIRPUR MEDICAL COLLEGE TEACHING HOSPITAL, KHAIRPUR MIR'S

## APPLICATION FORM

PHOTOGRAPH  
(Pasted)

FOR ADMISSION TO  
FCPS-II / MCPS TRAINING PROGRAMS ACADEMIC  
SESSION: \_\_\_\_\_

### Course / Program Applied For

Specialty  /Sub-Specialty

Fee Paid Rs.

Name of Bank:

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)

Address (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 :

**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 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup>	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
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel. # Res:</b>	<b>Tel. # Res:</b>
<b>Mobil:</b>	<b>Mobil:</b>

# 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 BY ALL THE RULES & REGULATIONS OF POSTGRADUATE STUDIES KMCH, 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



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

**ADMIT SLIP**

**FCPS-II / MCPS Training programs Academic  
Session:** \_\_\_\_\_

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CENTRE	SEAT NO.

**Course / Program Applied For**

Specialty  / Sub-Specialty

Name: \_\_\_\_\_

S/o, D/o : \_\_\_\_\_ CNIC No. \_\_\_\_\_

Signature of Candidate

Signature of Chairman with Seal



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