



FAISALABAD INSTITUTE OF CARDIOLOGY

OPPOSITE CHENAB CLUB, SARENA ROAD, FAISALABAD.

PH: +92 (41) 9201 527-36, Fax: +92 (41) 9201 520



APPLICATION FORM FOR POSTGRADUATION TRAINING OF DOCTORS

PERSONAL INFORMATION (USE CAPITAL LETTERS ONLY)

Name												
Father's Name												
Sex	M	F	Religion		Marital Status							
Telephone #					Mobile:							
Present Address												
Permanent Address												
CNIC					-						-	
Date of Birth			-			-					(DD/MM/YYYY)	
Domicile										-	-	
PMDC Registration #						PMDC Registration Expiry Date						
Person to be Notified in Emergency												
Address												
Telephone (if any)												

Attached Two
Attested Passport
Size Photographs

EMPLOYMENT INFORMATION

Position Applied for											
Presently Employed											
(Contact Address of Present Employer)											

(Attach Copy of Resignation if Previously Employed)

EDUCATION RECORD

Name of School/College/University

Matriculation		Year:				
Intermediate		Year:				
MBBS		Year:				
No. of Attempts in:						

Date of Passing		Page 2	
Postgraduation FCPS (I) With Registration #		Intermediary Module	
Other Courses Attended/Special Skills			
Principle Field of Study			
Computer Literacy:	<i>(List of Software, with Which You are Familiar)</i>		
Other Information (if any)			

EXPERIENCERECORD

Job Held	From	To	Institution	Supervisor

LIST OF TWO REFERENCES NOT RELATED TO YOU

Name:		Occupation	
Contact #		Email:	
Name:		Occupation	
Contact #		Email:	

PLEASE NOTE ATTACH ATTESTED COPIES OF

Two Passport size Photographs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CNIC	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
PMDC Certificate	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
House Job Certificates	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
All Professional Mark Sheet	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Testimonials	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Domicile	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Matric and Inter Certificate	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Date: _____ Signature of Applicant: _____

Bank Draft No. _____, Dated: _____, Bank _____

FOR OFFICIAL USE ONLY

UHS Entry Test Result (Only for M.S Cardiac Surgery, MD Cardiology, Diploma in Cardiology).	
Interviewed	
Impression	
Medical	
Approved	
Job Starting	
PG Training Completion Date	