



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 <i>(if any)</i>			

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	

GUIDELINES FOR SUBMISSION OF APPLICATION

The following are the guidelines for applicants for these postgraduate medical courses/diploma.

1. The candidate should apply to the Executive Director, Faisalabad Institute of Cardiology, Faisalabad, opposite Chenab Club, Sarena Road, Faisalabad, along with the original pay order/ bank draft of Rs.1,000 in favor of the Executive Director, Faisalabad Institute of Cardiology, Faisalabad.
2. Complete applications along with the original pay order/ bank draft of Rs.1,000 can be submitted at Faisalabad Institute of Cardiology, Faisalabad / send to the Director Medical Education, FIC, through courier services.
3. Government employees should submit their applications through proper channel to the Executive Director Faisalabad Institute of Cardiology, Faisalabad. The applicants will attach a recommendation letter/ N.O.C. from the Head of the Institution/ Principal/ Chief Executive.
4. All rules and regulations will apply as per Government of the Punjab deputation policy for Government of the Punjab employees.
5. Others shall apply as private candidate on downloaded Admission Forms for private candidates and send/ submit the application forms directly to the Incharge Admission Cell, Faisalabad Institute of Cardiology, Faisalabad.
6. One admission form will be considered for one course.
7. Attach attested photocopies of the following documents with the application:-
 - i. *One passport size photograph duly attested on front (paste on Admission Form)*
 - ii. *ID Card and Domicile*
 - iii. *Matriculation certificate, F.Sc. certificate /M.B.B.S. M.D degree (Equivalence Certificate of PMDC should be attached).*
 - iv. *Valid Pakistan Medical and Dental Council (PMDC) registration certificate.*
 - v. *Attempt Certificate from the principal of the medical college stating the number of attempts and marks obtained in each professional examination of M.B.B.S/M.D.*
 - vi. *House Job certificate with exact dates from the concerned Medical Superintendent as well as Professor/Head of the Department of concerned Hospital (Both are necessary).*
 - vii. *Service Certificate (relevant experience as M.O/Registrar/Demonstrator etc.) from the concerned Medical Superintendent as well as Principal/Professor/Head of the Department of concerned Hospital Medical College.*

- viii. *First appointment letter from the Government of the Punjab, Health Department, Lahore as Medical Officer on regular basis.*
- ix. *Rural service certificate/Army service certificate with exact dates and places where served from the concerned Director Health Services/Competent Authority respectively.*
- x. *Applications with incomplete documents will not be considered for admission.*
- xi. *Admission is liable to be cancelled during the course if any discrepancy found in submitted documents.*

Note: The information regarding conditions of admission in above mentioned courses will be supplied to the candidates along with application form.

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Director Medical Education.
Faisalabad Institute of Cardiology,
Faisalabad.