



MUHAMMAD MEDICAL COLLEGE IBNE-SINA UNIVERSITY MIRPURKHAS



APPLICATION FORM FOR FCPS II TRAINING

I wish to apply for FCPS II training in the discipline of _____
at MMC&H, starting from _____ for a period of 2 years / 4years.

My Particulars are as given below:

Name: _____.

F/Name: _____.

Date of Birth: _____.

CNIC No: _____ - _____ - _____.

Qualification: _____. Year of Qualification: _____.

From: (Name of College & University) _____

_____. PM&DC Reg. No: _____.

ADDRESS:

Present address: _____

_____.

Permanent address: _____

_____.

Contact No. _____.

Email Address: _____.

PHOTOGRAPH

Educational record in reverse chronological order:

S.No.	Level of Education	Year of Passing	Institute/Bboard/University	Grade/Distinction

Experience in reverse chronological order:

S.No	Post worked on	Duration with dates	Place worked at

The information provided above is true and correct to the best of my knowledge & belief

Signature of Applicant

Note: Please enclose following supporting documents:

1. 2 Copies of CNIC/SNIC & 3 Photographs (Two Passport size and one small)
2. Educational certificates & marks sheet of Matriculation/O level & above.
3. PM&DC registration certificate.
4. FCPS Part 1 Pass certificate from CPSP.
5. Certificates of House job.

For Office use:

Application received on By:	Documents verified and found correct Yes/No- reason: Signature:
Recommended by Chairman House job Committee:	Final Approval by Competent authority: