



# KHAIRPUR MEDICAL COLLEGE TEACHING HOSPITAL, KHAIRPUR MIR'S

RS=200/=

## 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 <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>Position:</b>  <b>Address:</b>  <b>Tel. # Res:</b> <b>Mobil:</b>	<b>Name:</b>  <b>Position:</b>  <b>Address:</b>  <b>Tel. # Res:</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 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

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

Y	N

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**

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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TEACHING HOSPITAL, KHAIRPUR MIR'S**

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Signature of Candidate

Signature of Chairman with Seal