

Sharif Post Graduate Medical Institute Sharif Medical City, Ph: 042-37860163,

Email: spgmi@sharifmedicalcity.org

Induction of Post Graduate Resident (FCPS/MCPS/MD/MS) Session January – 20222

Name:	D/S/o

Required Documents:

Check List					
Sr. No.	Content	Check List			
1	Two Passport size photographs (blue/white back ground)				
2	Duly filled Application form				
3	Fee Challan form (Rs. 50/-)				
4	CV				
5	CNIC (attested copy)				
6	Matric certificate / Marks Sheet (attested copy)				
7	F.Sc certificate / Marks Sheet (attested copy)				
8	DMC - All professional examinations (attested copies)				
9	Valid permanent PM&DC / PMC Registration (attested copy)				
10	Letter of congratulations (for FCPS PGR applicants only) JCAT Result Sheet(for MS / MD Program)				
11	Domicile (attested copy)				
12	House job certificate (attested copy)				
13	Experience letters				
14	Copy of research publications (indexed medical journals only)				

Applicant's	Signature
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SHARIF POST GRADUATE MEDICAL INSTITUTE, LAHORE





SHARIF MEDICAL CITY

Jati Umra, Raiwind Road, Lahore Tel: 042-37860101-4, UAN: 111-123-786, Fax (SMCH): 042-37860105 (SPGMI): 042-37860163 É-mail: spgmi.smch@gmail.com

SHARIF MEDICAL CITY HOSPITAL

APPLICATION FORM TRAINING PROGRAM POST GRADUATE RESIDENT (FCPS/MCPS/MS/MD)

	Traiı	ning Progra	m App	olied for:				
1. Name:							PHC	TOGRAPH
2. Father's / Husban	d's Nan	ne						
3. Age		4. Date of Birth5. BI					Group	
6. CNIC		-			- 7.	Gender	Male	Female
8. Marital Status					9.	Religion _		
10. Residential Addre	ss:							
11. Permanent Addre	ss							
12. Contacts (Parent / S	Spouse) _		Ce	II No. (Self)		Ema	ail	
13. Valid PM&DC / PM	IC. No				Expiry Date:			
14. Academic Rec					. ,			
Qualification	Y	ear of		Instit	tution Name			age /CGPA
Matric/equivalent	Qua	inication					70	laue
Intermediate								
Graduation Year of		Institution		Professional Exams (Marks Obtain/Total Marks)				
(MBBS/BDS) Grade	uation	instituti(OH	1 st Prof. Part 1	1 st Prof. Part 2	2 nd Prof	3 rd Prof.	Final Prof
				Annual	Annual	Annual	Annual	Annual
				Supple	Supple	Supple	Supple	Supple
				1	1	1	1	1
Exam Year of F		of Pas	sing		No. of	Attempt		

	•	y) during academi	c career:			
6. House Sr	e Job: Discipline /	Dura	tion			
#	Department	From	То	H	lospital / Institution	
1						
2						
3						
4						
Total	Duration of House	Job:				
7. Releva	ant Experience / En	nployment Record				
	Organization	Designation	Starting Date	Ending Date	Reason (s) of Leaving	
	Relevant Experienc					
	cations (Indexed Me	edical Journals on Researc				
Sr.#				Topic	Author Positions	
				·		
Total	Publications					
ny resea	rch work under prog	ress				
ertify th	nat the information	provided by me in	this Applicat	ion Form is tru	ue, complete and correct to th	
_	y knowledge.				, •	
,	- -					
Name	of Applicant				Applicant's Signature	
Date:						