

SHARIF POST GRADUATE MEDICAL INSTITUTE

Sharif Medical City, Ph: 042-37860163, Email: spgmi@sharifmedicalcity.org

Date:

Induction of Post Graduate Resident (FCPS/MCPS) Session January 2024

Name:D/S/o	
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***** Required Documents:

Check List					
Sr. No.	Content	Check List			
1	Two Passport size photographs (blue/white back ground)				
2	Duly filled Application form				
3	Application Processing Fee – RS. 500/- (Fee can be submitted online in Sharif Medical & Dental College, HBL Acct # 15807900031903 or through Pay order / Bank Draft)				
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	CPSP - Letter of congratulations (for FCPS PGR applicants only)				
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







SHARIF MEDICAL CITY HOSPITAL

SHARIF MEDICAL CITY

Jati Umra, Raiwind Road, Lahore Tel: 042-37860101-4, UAN: 111-123-786, Fax (SMCH): 042-37860105 (SPGMI): 042-37860163

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

		Trai	ning Progra	т Арр	lied for:					
1. Name:		· · · · · · · · · · · · · · · · · · ·						PHO ⁻	TOGRAPH	
2. Father's / F	lusband	d's Nan	ne							
3. Age			4. Date of	Birth_			_5. Blood G	roup		
6. CNIC 8. Marital Sta	tus		-				Gender E	Male	Female	
10. Residentia	l Addre	ss:								
11. Permanent	Addres	ss								
12. Contacts (F	Parent / S _l	pouse)_		Cel	I No. (Self)		Ema	il		
13. Valid PM&I	DC / PM	C. No_			I	Expiry Date:				
14. Acader	nic Rec		_	Γ						
Qualificati	on		ear of		Instit	ution Name			ge /CGPA ade	
Matric/equival	lent									
Intermediate										
Graduation Year of			Institution			(Marks C	essional Ex Obtain/Total			
(MBBS/BDS)	Gradu	lation			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	
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Exam			Year of Passing				No. of Attempt			
FCP	S-I									

House Job: # Discipline / Department			y) during academi	c career:		
# Department From To Hospital / Institution 1			Dura	tion		
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	Date:	-1-1				- The same a signature