



Sharif Post Graduate Medical Institute  
Sharif Medical City, Ph: 042-37860163  
Email: [spgmi@sharifmedicalcity.org](mailto:spgmi@sharifmedicalcity.org)

Date: \_\_\_\_\_

## Induction of Post Graduate Resident (FCPS/MCPS/MD/MS) Session \_\_\_\_\_

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. 75/-)	
4	CV	
5	CNIC (attested copy)	
6	Valid permanent PM&DC / PMC Registration (attested copy)	
7	Letter of congratulations (for FCPS PGR applicants only) / JCAT Result Sheet (for MS/MD applicants only)	
8	House job certificate (attested copy)	
9	DMC - All professional examinations (attested copies)	
10	Experience letters	
11	F.Sc certificate / Marks Sheet (attested copy)	
12	Matric certificate / Marks Sheet (attested copy)	
13	Domicile (attested copy)	
14	Copy of research publications (indexed medical journals only)	

\_\_\_\_\_  
Applicant's Signature



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



SHARIF MEDICAL CITY HOSPITAL

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

Training Program Applied for: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Father's / Husband's Name \_\_\_\_\_

3. Age \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ 5. Blood Group \_\_\_\_\_

6. CNIC 

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7. Gender  Male  Female

8. Marital Status \_\_\_\_\_ 9. Religion \_\_\_\_\_

10. Residential Address: \_\_\_\_\_

11. Permanent Address \_\_\_\_\_

12. Contacts (Parent / Spouse) \_\_\_\_\_ Cell No. (Self) \_\_\_\_\_ Email \_\_\_\_\_

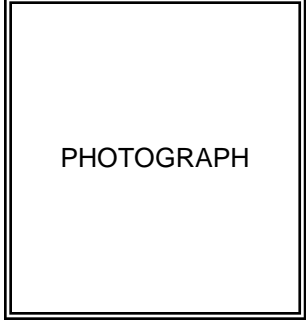
13. Valid PM&DC / PMC. No \_\_\_\_\_ Expiry Date: \_\_\_\_\_

14. Academic Record

Qualification	Year of Qualification	Institution Name	Percentage /CGPA /Grade
Matric/equivalent			
Intermediate			

Graduation (MBBS/BDS)	Year of Graduation	Institution	Professional Exams (Marks Obtain/Total Marks)				
			1 <sup>st</sup> Prof. Part 1	1 <sup>st</sup> Prof. Part 2	2 <sup>nd</sup> Prof	3 <sup>rd</sup> Prof.	Final Prof
			Annual	Annual	Annual	Annual	Annual
			Supple	Supple	Supple	Supple	Supple
			/	/	/	/	/

Exam	Year of Passing	No. of Attempt
FCPS-I / JCAT		



15. Distinctions/Awards (if any) during academic career: \_\_\_\_\_

16. House Job:

Sr #	Discipline / Department	Duration		Hospital / Institution
		From	To	
1				
2				
3				
4				

Total Duration of House Job: \_\_\_\_\_

17. Relevant Experience / Employment Record

Organization	Designation	Starting Date	Ending Date	Reason (s) of Leaving

Total Relevant Experience (excluding House Job) \_\_\_\_\_

18. Professional achievements (if any) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Publications (Indexed Medical Journals only)

Case Report  Research Article

Sr.#	Name of the Journals	Topic	Author Positions

Total Publications \_\_\_\_\_

Any research work under progress \_\_\_\_\_

I certify that the information provided by me in this Application Form is true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant's Signature

Date: