



**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 January 2023

Name: \_\_\_\_\_ D/S/o \_\_\_\_\_

❖ **Required Documents:**

<b>Check List</b>		
Sr. No.	Content	Check List
1	Two Passport size photographs (blue/white back ground)	
2	Duly filled Application form	
3	Fee Challan form (Rs. 70/-)	
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 applicants only) JCAT Result Sheet (for MS/MD 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



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: