



Induction of Post Graduate Resident (FCPS/MCPS/MD/MS) Session July 2023

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. 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



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 - - 7. Gender Male Female

8. Marital Status _____ 9. Religion _____

10. Residential Address: _____

11. Permanent Address _____

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

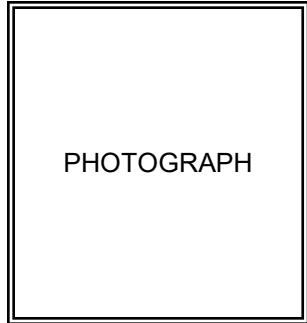
13. Valid PM&DC / PMC. No _____ Expiry Date: _____

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 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
			/	/	/	/	/

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



PHOTOGRAPH

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: