



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 _____

❖ 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

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: