



SHARIF POST GRADUATE  
MEDICAL INSTITUTE, LAHORE



SHARIF TRUST

**SHARIF MEDICAL CITY**

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SHARIF MEDICAL CITY HOSPITAL

**CHECK LIST**

**Post Graduate Induction Session July - 2024**

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

❖ **Required Documents:**

Sr. No.	Table of Content	Check List
1	Two Passport size photographs (blue/white back ground)	
2	Duly filled Application form	
3	Application Processing Fee – <b>RS. 500/-</b> (Fee can be submitted online in Sharif Medical & Dental College , HBL Acct # <b>15807900031903</b> 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 ( <b>for FCPS PGR applicants only</b> )	
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



**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: