

Induction of Post Graduate Residents (Jan 2026 Session)

Sharif Post Graduate Medical Institute (SPGMI)

Sharif Medical City Hospital (SMCH)

Applications are invited for Postgraduate residents (FCPS-II /MCPS) in the following disciplines: -

Sr.	Departments	Program	Requirements
1	Anesthesiology	FCPS/MCPS	<ul style="list-style-type: none"> As per CPSP criteria Valid PMC / PM&DC Registration certificate
2	General Surgery	FCPS	
3	Medicine	FCPS	
4	Radiology	FCPS	
5	Pediatrics	FCPS	
6	Dermatology (for FCPS-II candidates after two years of Medicine training)	FCPS	
7	Urology (for FCPS-II candidates after two years of General Surgery training)	FCPS	
8	ENT	FCPS	
9	Gynaecology & Obstetrics	FCPS	
10	Community Medicine	FCPS	
11	Orthopedic Surgery	FCPS	
12	Oral & Maxillofacial Surgery		
13	Orthodontics	FCPS	
14	Neurology (for FCPS-II candidates after two years of Medicine training)	FCPS	
15	Neurosurgery	FCPS	
16	Histopathology	FCPS	
17	Ophthalmology	FCPS	

- Application Forms can be obtained from SPGMI Office during office hours or can be downloaded from: www.sharifmedicalcity.org.
- Interested candidates should submit Application Form along with all relevant documents at the given address or send through E-mail at spgmi.smch@gmail.com
- The application form must be submitted by **31 December 2025**.
- Original documents should be available with the candidates at the time of interview.

Director SPGMI
Sharif Post Graduate Medical Institute
2nd Floor, College Building
Sharif City Road, Off Raiwind Road, Jati Umra, Lahore
Phone #: 042-37860163, 042-37860101-4 Ext: 543
E-mail: spgmi.smch@gmail.com



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 – 2026

Name: _____ D/S/o _____

Sr. No.	Document's Detail	Remarks
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	Updated CV	
5	FCPS-I Letter of congratulations (for FCPS PGR applicants only)	
6	Valid permanent PM&DC / PMC Registration Card (attested copy)	
7	Experience letters	
8	House job certificate (attested copy)	
9	DMC - All professional examinations (attested copies)	
10	Distinction certificate (if any)	
11	F.Sc certificate / Marks Sheet (attested copy)	
12	Matric certificate / Marks Sheet (attested copy)	
13	CNIC (attested copy)	
14	Domicile (attested copy)	
15	Copy of research publications (indexed medical journals only)	

Applicant's Signature



SHARIF MEDICAL CITY HOSPITAL

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: