



## INDUCTION FOR THE SECOND FELLOWSHIP PROGRAM (JAN 2026 SESSION)

### SHARIF POST GRADUATE MEDICAL INSTITUTE SHARIF MEDICAL CITY HOSPITAL

**Applications are invited for Second Fellowship  
Program in Surgical Oncology (FCPS)**

#### Requirements:

- Passed FCPS General Surgery
- Valid PMC / PM&DC Registration certificate
- Original documents should be available with the candidates at the time of interview.
- Application Forms can be obtained from SPGMI Office during office hours or can be downloaded from: [www.sharifmedicalcity.org](http://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](mailto:spgmi.smch@gmail.com)
- Last date to apply (10th January 2026)



**Contact Us**  
042-37860163,  
042-37860101-4  
HR Ext. 543



**Send your CV's on**  
[spgmi.smch@gmail.com](mailto:spgmi.smch@gmail.com)



**Director SPGMI**  
Sharif Post Graduate Medical Institute  
2<sup>nd</sup> Floor, College Building  
Sharif City Road, Off Raiwind Road,  
Jati Umra, Lahore



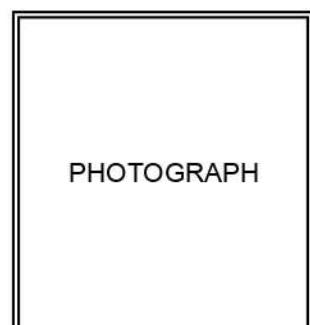
SHARIF POST GRADUATE  
MEDICAL INSTITUTE, LAHORE

Jati Umra, Raiwind Road, Lahore  
Tel: 042-37860101-4, UAN: 111-123-786,  
Fax (SMCH): 042-37860105 (SPGMI): 042-37860163  
E-mail: [spgmi.smch@gmail.com](mailto:spgmi.smch@gmail.com)

SHARIF MEDICAL CITY HOSPITAL

**APPLICATION FORM**  
**2<sup>nd</sup> Fellowship Program**  
**(FCPS-Surgical Oncology)**

Training Session: \_\_\_\_\_



PHOTOGRAPH

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 <sup>st</sup> Prof. Part 1	1 <sup>st</sup> Prof. Part 2	2 <sup>nd</sup> Prof	3 <sup>rd</sup> Prof.	Final Prof	
			Annual	Annual	Annual	Annual	Annual	
			Supple	Supple	Supple	Supple	Supple	Supple
			/	/	/	/	/	/

Post Graduate Exam	Year of Passing	Training Institute
FCPS-General Surgery		

15. Distinctions/Awards (if any) during academic career: \_\_\_\_\_

16. Post Graduate Training:

Sr #	Discipline / Department	Duration		Hospital / Institution
		From	To	
1				
2				
3				
4				

Total Duration of Training: \_\_\_\_\_

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) \_\_\_\_\_

Case Report	<input type="checkbox"/>	Research Article	<input type="checkbox"/>
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19. Publications (Indexed Medical Journals only)

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:



## Induction of 2<sup>nd</sup> Fellowship Program 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 General Surgery Pass Certificate	
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