



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.
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- 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
 - 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



Director SPGMI
Sharif Post Graduate Medical Institute
2nd 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

SHARIF MEDICAL CITY HOSPITAL

APPLICATION FORM 2nd Fellowship Program (FCPS-Surgical Oncology)

Training Session: _____

1. Name: _____

2. Father's / Husband's Name _____

3. Age _____ 4. Date of Birth _____ 5. Blood Group _____

6. CNIC

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 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
			/	/	/	/	/

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) _____

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:



Sharif Post Graduate Medical Institute
Sharif Medical City, Ph: 042-37860163,
Email: spgmi@sharifmedicalcity.org

Date: _____

Induction of 2nd 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