

Fazaia Ruth Pfau Medical College
Application for Post Graduate (FCPS-II/MCPS) Trainee

Program Applied For:				Affix a recent Color Photograph (Blue background)
Name: (As per CNIC)				
Father's Name:				
CNIC / SNIC No:				
Email Address:				
Mobile Number:			PM&DC Reg. No:	
Marital Status:		Date of Birth		Domicile
Postal Address:				

EDUCATION QUALIFICATION

S. #.	Name of Degree	Year of Passing	Grade / Division / CGPA	Board / University

PROFESSIONAL COURSE / HOUSE JOB CERTIFICATION (If Any)

S. #.	Certificate / Diploma / Course	Department	From	To

PROFESSIONAL JOB (S) EXPERIENCE (If Any)

S. #.	Name of Employer	Designation	From	To

Signature

Date: _____