FAZAIA RUTH PFAU MEDICAL COLLEGE/
PAF HOSPITAL FAISAL KARACHI

APPLICATION FOR POST GRADUATE (FCPS-II) TRAINEE

Program Applied For:					Affix a recent Color photograph
Name: (As per CNIC)					
Father's Name:					
CNIC / SNIC No:					
Email Address:					
Mobile Number:			**PMC Reg. No:**		
Marital Status:		**Date of Birth**		**Domicile**	
Postal Address:					

Education Qualification

S. No.	Name of Degree	Year of Passing	Grade / Division / CGPA	Board / University

Professional Job(s) Experience (If Any)

S. No.	Name of Employer	Designation	From	To

Professional course / House job certification (If Any)

S. No.	Certificate / Diploma / Course	Department	From	To

_____

Signature **Date:** _____

Note: The FCPS application form along with the original pay order or online payment receipt must be sent through courier service to: Officer Commanding/ Clinical Training Coordinator, PAF Hospital Faisal, Shahrah-e-Faisal, Karachi.