



**DIRECTOR
PGMC**

LIAQUAT UNIVERSITY

OF MEDICAL & HEALTH SCIENCES

Jamshoro, Sindh, Pakistan

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Tele: # +92-22-9213322, Fax: # +92-22-9213323

ISO 9001:2008 CERTIFIED

"Say no to Corruption"

APPLICATION FORM

For Admission to FCPS-II training courses

Academic Session **JULY 2017**

Form No: _____

Seat No. _____

NAME OF COURSE FCPS-II _____

1. Name: _____

2. Father's Name: _____

3. Status (Private / Inservice): _____

4. Name of Organization: _____

5. Present Position / Posting: _____

6. Postal Address: _____

7. E-Mail Address: _____ 8. Phone (Res): _____

9. Mob: _____ 10. Religion: _____

11. Date of Birth: _____ 12. Blood Group: _____

13. Domicile: _____ 14. Nationality: _____

15. C.N.I.C No. _____

ACADEMIC RECORD

Year of Graduation: _____ Institute / University: _____

FCPS-I Roll No: _____ FCPS-I Attempt: _____

House Job: Duration: _____ Specialty: _____

Duration: _____ Specialty: _____

Duration: _____ Specialty: _____

Duration: _____ Specialty: _____

Previous RTMC Registration (if any): _____

DECLARATION BY THE CANDIDATE

I, _____ S/o. D/o, W/o, _____

having C.N.I.C No. _____

do hereby state on solemn affirmation on oath that all documents submitted by me along-with application form are genuine and correct and no false otherwise defective thereby I know that my admission in FCPS-II _____ is liable to be cancelled.

Signature of Candidate: _____

Name of Candidate: _____

Dated: _____

FOR OFFICE USE

Entries in Form (Complete / In-Complete): _____

Documents (Complete / In-Complete): _____

Signature of receiving officer / official: _____

Dated: _____

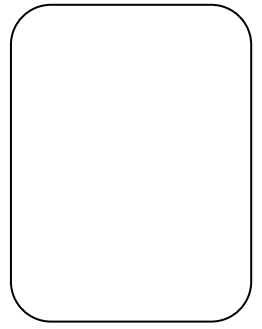


ADMISSION SLIP / CARD

For Admission to FCPS-II training courses

Academic Session JULY 2017

At Liaquat University of Medical & Health Sciences, Jamshoro



Form No. _____ Name of Course: FCPS-II _____ Seat No. _____

Name: _____

Father's Name: _____

C.N.I.C No: _____

Date of Interview: _____ Time: _____

Venue: DIRECTORATE OF POSTGRADUATE MEDICAL CENTRE, LUMHS JAMSHORO

Signature of Candidate

Signature of Director PGMC

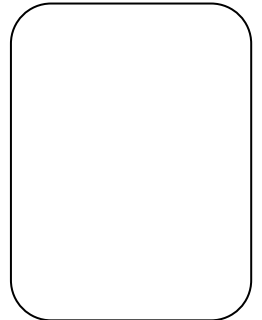


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Venue: DIRECTORATE OF POSTGRADUATE MEDICAL CENTRE, LUMHS JAMSHORO

Signature of Candidate

Signature of Director PGMC

INSTRUCTION FOR FILLING THE APPLICATION FORM

1. Please complete all parts. Incomplete application form / short documents will not be entertained in any manner.
2. Please attach all attested photocopies of relevant documents.

ATTESTED DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION FORM

- | | |
|---|------------|
| 1. FCPS-I / Congratulation Letter | (Yes / No) |
| 2. Three passport size photograph | (Yes / No) |
| 3. MBBS Degree Certificate | (Yes / No) |
| 4. Valid PMDC Certificate | (Yes / No) |
| 5. House Job Certificate | (Yes / No) |
| 6. Matriculation Certificate | (Yes / No) |
| 7. Domicile Certificate | (Yes / No) |
| 8. CNIC Copy | (Yes / No) |
| 9. Present posting letter (for Inservice Candidate) | (Yes / No) |

Signature of Candidate