



**FEDERAL POSTGRADUATE MEDICAL INSTITUTE
SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE,
LAHORE -64600**

Space for
Photograph

Form No. 500 Course Session _____ Challan No. _____ Date. _____
(Attach original paid Challan)

Course Title. _____ Fee _____

Course Title. _____

PERSONAL INFORMATION (in block letters)

1. Name. _____

(in block letters as per Matric/ Fsc Certificates)

2. P.M.D.C. No. _____ Sex: Male Female

3. Date of Birth _____ Place of Birth _____

4. Nationality. _____ National ID No. _____

5. Father's Name. _____ Occupation _____

6. Spouse Name. _____ Nationality. _____

7. Martial Status. _____
 Single Married Divorced Widow

8. Children (mention names & ages)

9. Address (Indicate where you wish your correspondence to be sent)

Permanent _____ Phone _____

Postal _____ Phone _____

10. Domicile

Punjab Sindh - Urban A.J Kashmir

Baluchistan Sindh Rural K.P.K.

- 16 State whether subject to any disciplinary action * _____
17. Any Physical, psychological handicap * _____
18. Personal interests, hobbies etc. _____

19 REFERENCES :

List of the names of two individuals with knowledge of your abilities in the area of your academic aptitude and achievement and / or in carrying out professional work and responsibilities.

1.	Name and title	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

N.B.

- (a) Incomplete applications will not be considered for admission.
- (b) Duly attested documentary proof of all statements made must accompany the applications.
- (c) Three passport size recent photographs are to be attached with the applications.
- (d) Reference letters can be provided in sealed envelopes, or mailed directly.

20 DECLARATION

I do hereby declare that the above particulars are correct in every respect and that I have not concealed any thing. I also agree to appear in the entrance examination for the selection of candidates for the course if decided by the Federal Postgraduate Medical Institute, Lahore. I shall abide by all the rules & regulations as set by Federal Postgraduate Medical Institute and the concerned University/ College of Physicians and Surgeons from time to time. I also agree that if I do not show satisfactory progress I may be taken off the course.

Date _____

Signature _____

* Give details separately

For Official Use only

Name:	Nationality:	NID. No. _____
Sex <input type="checkbox"/> Male. <input type="checkbox"/> Female	Age:	P.M.D.C. No. _____
Father's Name:		Course Title _____
Spouse Name:	Nationality:	Course Fees: Rs. _____

SHAIKH ZAYED FEDERAL POST GRADUATE MEDICAL INSTITUTE, LAHORE

MERIT SHEET FOR SELECTION OF FCPS-II SESSION JULY, 2021

DEPARTMENT _____

Sr.No	STUDENT NAME	Domicile	MBBS Marks Weightage	Attempts Marks (Minus 01 Mark on each supply)	Total No of Distinctions	Total No. of Supplementary Attempts in MBBS Prof (if any)	Total No. of Applied Departments
			30	10			
1							

S.#	Check List	Yes	No
1	Detail Marks Sheets of all Professional & Others Documents		
2	Subject Related Experience (after house job) of Public Sector or Private Teaching Hospital approved for Postgraduation by the PMC		
3	Publications (if any) with Name of Journals		
4	MBBS in Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College		
5	Any Experience of (House Job / MO / SHO / Postgraduate Training) in Shaikh Zayed Hospital, Lahore		
6	MBBS in Public Sector		
7	MBBS in Private Sector		
8	MBBS in Foreigner Country		
9	PMC/PM&DC Certificate		

Formula for Weightage Marks

Obtained Marks Of All Professional Examination

Total Marks Of All Professional Examination

× 30 = Weightage

Declaration

I do hereby declare that the above & attached info are correct in all respect and that I have not concealed anything. I shall abide by all the rules & regulations as set by FPGMI and the concerned University/college. I also agree that if I do not show satisfactory progress, I may be taken off the course.

Signature