Application Form(AP 02)



## FEDERAL POSTGRADUATE MEDICAL INSTITUE SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE, LAHORE -64600

Space for Photograph

Form	n NoCourse Session	Challan NoDate (Attach original paid Challan)					
Cour	rse TitleFee						
Cour	rse Title.						
PER	SONAL INFORMATION (in block letters)						
1.	Name.						
1.	(in block letters as per Matric/ Fsc Certificates)						
	(iii block letters as per matrier 1 se o	ortinoates)					
2.	P.M.D.C. No.	Sex: [ ] Male [ ]Female					
3.	Date of Birth	Place of Birth					
		Tidoo of Birdi					
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					
44		- Frione					
10.	Domicile [ ] Punjab [ ] Sindh - U	rban [ ] A.J Kashmir					
	[ ] Baluchistan [ ] Sindh Ru	ral []K.P.K.					

D.A. []D.C.H. ]D.M.R.D.I []D.M.R.T. ]M.D. []M.S.  Academic Qualificatio	[ ] D.O.M [ ] M. Phi	.S. []D.T.		[ ] D.L.O. [ ] D.M.J.	
Qualifications Roll No.	Year Qualified-	Marks Aggregate	% Aggregate	Attempt	College
A M.B.B.S	Part I				
1st Proff	Part II	7141		WT DE	Espelia C
2nd Proff					
3rd Proff					
Final Proff					
B Others					
		les (galla		I WE SHE	Eligit Califer
	4001-1	THE THE			
C Academic Honours	Position in Universty	Position in College	Distinction	Medals	
D Research/ Publicati Names of Jurnals:_	on(Give detail	s separately)	[] Yes	[ ] No	
3. Practical Experience					
Experience(Medical Officer egistrar/ demonstrator	Total duration(Y.M)	From to date	Subject	Institution	Name of Prof- / Head of Dept
A House Job					
В					
С					
D					
Senior Registrar					
Any Other					
Govt. Service Appoinment Public Service Commiss	sion;	[] Federal [] Adhoc [] Federal	[]Regu	nomous ular nomous	[ ] Province [ ] Contract

[ ] 5-10Yrs-

10Yrs-/Mors

[] Yr/Less

[ ] 2-5Yrs-

17. Any Physical, psycholo	gical handicap <sup>*</sup> .									
18. Personal interests, hob	Personal interests, hobies etc.									
19 REFERENCES:										
		e of your abilities in the area of your rrying out professional work and responsibilities.								
1. Name and title	Address	Phone								
1,										
2										
3										
N.B.										
<ul> <li>(a) Incomplete applications will not be considered for admission.</li> <li>(b) Duly attested documentary proof of all statements made must. accompany the applications.</li> <li>(c) Three passport size recent photographs are to be attached with the applications.</li> <li>(d) Reference letters can be provided in sealed envelops, or mailed directly.</li> </ul>										
	20 DECLARATION									
I do hereby declare that t	entrance examination for t	rect in every respect and that I have not concealed any thing. he selection of candidates for the course if decided by the								
I do hereby declare that t I also agree to appear in the Federal Prstgraduate Medical Postgraduate Medical Institute	entrance examination for t Institute, Lahore. I shall a and the concerned Univers	he selection of candidates for the course if decided by the abide by all the rules & regulations as set by Federal ity/ College of Physicians and Surgeons from time to time. I								
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## SHAIKH ZAYED FEDERAL POST GRADUATE MEDICAL INSTITUTE, LAHORE

APPLIED DEPARTMENT:	-		-				
Name of Candidate:-							
Father's Name:-							
Phone Number:-							
CNIC:-							
PMC Registration No:-							
Email:-							
Domicile							
Academic/Professional R	Record						
MBBS Passing Sector:-	Public	Private	Foreign	Federal	Host	House Job or any experience of SZMC/FPGMI	No. of Distinctions
Examination Passed  Degree Level	Obtained Marks	Total Marks	Year of Passing	%	Aattempts	MBBS College Name	Name of the Board University
Matric						×	
FSC							
Aggregate Marks of all MBBS Professionals							
MBBS 30% Weightage Marks (Formual for Weightage Marks) Obtained Marks of all prof × 30 - of all prof = Weightage	÷ Total Marks						
Subject releated experience sta (as per advertisment):-	tus	a					
Journal Name of Publications							

**Undertaking by the Applicant:-**

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