



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

Application Form(AP 02)

Space for
Photograph

Form No. _____ 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.

11. Curriculum leading to Degree/ Diploma of _____

☐ D.A. ☐ D.C.H. ☐ D.C.P. ☐ D.G.O. ☐ D.L.O.
☐ D.M.R.D.I. ☐ D.M.R.T. ☐ D.O.M.S. ☐ D.T.C.D. ☐ D.M.J.
☐ M.D. ☐ M.S. ☐ M. Phil ☐ F.C.P.S. Part-II

12. Academic Qualifications

Qualifications	Roll No.	Year Qualified-	Marks Aggregate	% Aggregate	Attempt	College
A M.B.B.S 1st Proff		Part I				
		Part II				
B Others						
C Academic Honours		Position in Universty	Position in College	Distinction	Medals	
D Research/ Publication(Give details separately)	Names of Jurnals: _____					[] Yes [] No

13. Practical Experience

Experience(Medical Officer registrar/ demonstrator)	Total duration(Y.M)	From to date	Subject	Institution	Name of Prof- / Head of Dept
A House Job					
B					
C					
D					
Senior Registrar					
Any Other /					

14. Govt. Service ☐ Federal ☐ Autonomous ☐ Province
 Appointment ☐ Adhoc ☐ Regular ☐ Contract
 Public Service Commission; ☐ Federal ☐ Autonomous

15. Private Service Please Specify _____

Please check below the amount of time you have been away from the academic institution

☐ Yr/Less ☐ 2-5Yrs- ☐ 5-10Yrs- 10Yrs-/Mors

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 [] Male [] 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

APPLIED DEPARTMENT:- _____

Name of Candidate:-	
Father's Name:-	
Phone Number:-	
CNIC:-	
PMC Registration No:-	
Email:-	
Domicile	

Examination Passed

MBBS	Year of Passing	Marks Obtained in all Prof	Total Marks in all Prof	% of all Prof	Attempts	25 % Weightage of MBBS	MBBS College Name

Academic/Professional Record

MBBS Passing Sector:-	Public	Federal	Private	Foreign	Host	House Job or any experience of SZMC/FPGMI	No. of Distinctions

DETAIL OF BLS, SOFT SKILLS WORKSHOP AND PUBLICAITON			
BLS (ALS, ATLS, PALS & ACLS)	NAME OF INSTITUTE & YEAR OF COURSE:-		
SOFT SKILLS WORKSHOP	NAME OF INSTITUTE & WORKSHOP TITLE:-		
PUBLICATION	NAME OF JOURNAL:-		
	STATUS OF PUBLICATION (√):- INPROCESS OR PUBLISHED		
	APPROVED FROM (√):- HEC PMC PubMed Indexed		

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