



# PAKISTAN INSTITUTE OF MEDICAL SCIENCES

## G-8/3, ISLAMABAD



**04 Photo**

Category Applied for MCPS / FCPS Part-I \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Ph: \_\_\_\_\_

CNIC No: \_\_\_\_\_ E-mail: \_\_\_\_\_

PM&DC Registration No: \_\_\_\_\_ Valid up to: \_\_\_\_\_

### **ACADEMIC / PROFESSIONAL RECORD:**

Examination Passed	Passing Year	Marks Obtained	Total Marks	Attempt	Division	Name of College	Name of the Board / University
Matric							
F.Sc							
MBBS (Part-I)							
MBBS (Part-II)							
MBSS (2 <sup>nd</sup> Prof)							
MBSS (3 <sup>rd</sup> Prof)							
House Job							
FCPS Part-I							

**Distinction(s), if any** \_\_\_\_\_

**Time Taken to pass FCPS Part-I House Job** \_\_\_\_\_

**Public Service Experience, if any (i) Type of Facility** \_\_\_\_\_ **(ii) Year(s)** \_\_\_\_\_

**Note:** Provide two sets of all above documents.

### **UNDERTAKING BY THE APPLICANT**

- I hereby undertake that the information given above by me is correct and I have not concealed.
- In case of any concealment, I will not object on disciplinary action against me.
- I also undertake that I will abide by the rules/regulations/policies of the Institute.

**Signature of the Candidate**