



**FEDERAL MEDICAL TEACHING INSTITUTE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD**

Post Applied: - _____ Speciality:- _____

Name: _____ Age:- Years()Months()Day()Domicile _____

Father's Name: _____ Nationality: _____

Postal Address: _____

Phone Number: _____ Cell Number: _____

Email: _____ CNIC: _____

PMC registration No: _____ Valid up _____

FCPS-I/MD/MS/MDS passing year's _____

House Job from: Public Private PIMS

MBBS Passing sector: Public Private Foreign

Academic / Professional Record:

Examination Passed	Year of Passing	Marks Obtained	Total Marks	Name of College	No of attempts	Name of the Board / University
Matric						
FSC						
MBBS/BDS (1 st Year)						
MBBS/BDS (2 nd Year)						
MBBS/BDS (3 rd Year)						
MBBS/BDS (4 th Year)						
MBBS (5 th Year)						
Total Marks of MBBS/BDS 5 years (combine)				Percentage of MBBS/BDS		

Number of Research publication	Name of journal

Distinction(s), if any _____

Undertaking by the Applicant

- I hereby undertake that the information given above by me is correct and I have not concealed.

Name & Signature of the Candidate