



HBS GENERAL HOSPITAL

Application for Post Graduate Training Program

Date: _____

Training Program: FCPS MCPS (Please tick one) Discipline: _____

Name of Candidate: _____ (Block letters)

S/o, D/O, W/O: _____

Present Address: _____

1st Contact #: _____ 2nd Contact No.: _____ Contact No. (ICE): _____

E-mail ID: _____ D.O. Birth: _____

Nationality: _____ Marital status: _____ Gender: _____

PMC Registration No. _____ NIC No/ passport No. _____

Date of Passing FCPS Part 1: _____

Basic Medical Qualification:

Name of Degree	College	University	From	To

Additional Qualification (if any):

Name of Degree	College	University	From	To

House Job:

Discipline	Hospital	From	To

Experience (if any):

Designation	Hospital	From	To

Checklist: (Attested copies of the following are attached)

- C.V.
- CNIC
- MBBS All attempt certificates
- MBBS all professional transcripts
- MBBS Degree
- PMC license to practice
- CPSP Part 1 pass certificate (For FCPS Program)
- Publication (if any)
- Experience certificate (if any)
- Pay order of Rs: 2,000/- in favor of HBS General Hospital

In case of providing wrong information, legal action may be taken. Short listed candidates shall be interviewed. Training shall commence in the last week of January 2022.

Signature of candidate _____