



**DEPARTMENT OF POSTGRADUATE
MEDICAL EDUCATION**
Application Form for Post Graduate Training

Applying for:		Program			
PERSONAL INFORMATION					
Name:		Gender:			
Father's Name:		Date of Birth:			
Cell Number:	Home Number:		Email:		
Nationality:	Marital Status:				
CNIC Number:		Domicile:			
Postal Address:					
Permanent Address:					
ACADEMIC INFORMATION/EXPERIENCE					
CERTIFICATE OR DEGREE	BOARD OR UNIVERSITY	YEAR OF PASSING	SUBJECTS		MARKS/ GRADES
Matriculation/O Level/ Equivalent					
Intermediate/A Level/ Equivalent					
MBBS/ Equivalent					
House Job/ Equivalent					
PMC #		PMC Expiry:			
BLS Certified	YES	NO			
ACLS Certified	YES	NO			
CONTACT PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
Name: _____		Relation: _____			
Name in Block Letters					
Mobile #: _____	Home Phone #: _____				

UNDERTAKING

1. I will abide by all rules and regulations enforced at South City Hospital, Karachi at present and those which may be enforced at any time in the future.
2. I will not work anywhere else during my training program.
3. I will not indulge in any political activity, including unionism or political groupings.
4. I will protect and preserve the property of South City Hospital at all the times and will make all efforts to prevent others from causing any damage or destruction to the hospital's property.
5. I understand that in case of disciplinary/ethical misconduct or inadequate performance either in clinical or in examination, the concerned authority can review my performance and make recommendation including termination of training.
6. If I am found involved in any unlawful activity in contravention of the above terms and conditions at any stage during my training at South City Hospital, the hospital will have the right to terminate my training.
7. I solemnly declare that the information provided by me on this application form is complete and accurate to the best of my knowledge. I understand that declaration of any false or misleading information will result in immediate cancellation of my admission and termination from the Institute.

Dated: _____

Signature of Applicant: _____

ATTESTED DOCUMENTS REQUIRED

2 Passport size photographs

1 Computerized National Identity Card Photocopy.

Complete updated Curriculum Vitae (CV) with references.

Photocopy of Domicile & PRC

Photocopies of Matric & Intermediate certificates.

Photocopy of Medical (Graduation) Degree

Photocopies of all MBBS Professional Marks Sheets (Consolidated OR Annual/Supplementary)

Photocopy of Valid PMDC

Photocopies of House Job Certificates

Photocopy of FCPS Part I (Congratulations Letter for FCPS program)

Photocopy of RTMC (If Applicable)

Photocopies of Letter of Recommendations / Testimonials

Copies of Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) certificates.

Foreign Nationals are required to get Study Visa & Clearance from Interior Ministry before joining program.

ELIGIBILITY CRITERIA

MBBS or equivalent from an institution recognised by PMC, year of graduation not earlier than 2016.

One year of house job/internship completed not earlier than 2017 as per PMC rules.

Valid PMC permanent registration certificate.

Valid FCPS-I in relevant speciality within 3 years. (For FCPS program)