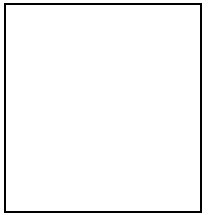


APPLICATION FORM FOR LEVEL-IV INDUCTION



Specialty Name: _____

Name: _____ Father's Name: _____

Date of Birth: _____ Domicile: _____ Marital Status: _____

Present Address: _____

Tel: _____ Mobile: _____ E-mail: _____

PMDC Registration No. _____ Date of Expiry: _____

Current Appointment: _____

ACADEMIC QUALIFICATIONS

MBBS	I. Professional		II. Professional	III. Professional	Final Professional	College /University	Public Sector/ Private Sector/ International
	Part-I	Part-II					
Year of Passing							
Attempts							
Marks/Total Marks							
First Position in any Professional							

Post Graduate Qualification: i) _____

ii). Year of Passing _____

iii) College/University: _____

iv) Gold Medal in FCPS/MD/MS: _____

POST FELLOWSHIP EXPERIENCE:

Name of institution	Specialty	Period

Current supervisor of CPSP/University: **Yes/No**

No. of Trainees under your supervision:- _____

PUBLICATIONS (In indexed medical journals recognized by PMDC)

Original Article: 1st Author _____ 2nd Author. _____ 3rd Author _____.

Case Report: 1st Author _____ 2nd Author. _____ 3rd Author _____.

Signature of the Applicant

FOR OFFICE USE

Interview: _____

Remarks: _____

NOTE: Please attach the attested copies of the following:

(If the below mentioned documents are not attached with the Performa, the application will not be considered for interview)

- | | | |
|---|---|----------------------------|
| i) Two Recent photographs | ii) M.B.B.S Degree | iii) Post-graduate degree |
| iv) PMDC Registration certificate | v) Post Fellowship Experience certificate | |
| vi) Copy of CNIC | vii) Domicile | viii) Attempt Certificates |
| ix) Copy of Gold Medal in FCPS/MD/MS | x) Evidence of first position in any professional | |
| xi) Certified copy of publications | xii) Current Employment Certificate | |
| xiii) Letter of reference from HOD of current job (1 st fellowship supervisor if not a current employee) | | |