



The Indus Hospital

Korangi Crossing, Karachi - 75190, Pakistan Tel: 021-5112709-17, Fax: 021-5112718

FOR OFFICIAL USE :

Application No : ___/___/___
Complete [] Incomplete []
Processed [] Not Processed []
Remarks _____
Name of Official _____
Signature _____ Date _____

Please Paste
Recent Photograph

Post Graduate Medical Education

Residency & Fellowship Application Form

(Please read the Instructions on Back Page and mark the list of attached documents)

Specialty : _____ **Programme Code :** _____ (Key on Back Page)

Name : _____ Father / Husband Name : _____

Gender : [M] [F] Date of Birth _____ Nationality : _____ CNIC # _____

Mailing Address : _____

Permanent Address : _____

Cell # _____ Home Tel. # _____ Email : _____

Name of Medical College : _____ Year of Graduation : _____

PMDC Registration # : _____ Valid Till : _____

Details of House Job :

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Year of Passing FCPS-I : _____ Specialty : _____

Details of Residency (if applicable) :

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Name of Institution : _____ From : _____ To : _____ Specialty : _____

Year of Passing Interm. Module / MCPS (if applicable) : _____ Specialty : _____

Year of Passing FCPS-II (if applicable) : _____ Specialty : _____

Other Post Graduate Qualification with year of passing : _____

Experience in Non-Residency Posts (if applicable, mention last three) :

Name of Institution : _____ From : _____ To : _____ Post : _____

Name of Institution : _____ From : _____ To : _____ Post : _____

Name of Institution : _____ From : _____ To : _____ Post : _____

References :

1) Name : _____

Designation : _____

Contact # : _____

E-mail : _____

2) Name : _____

Designation : _____

Contact # : _____

E-mail : _____

Instructions for completing the application form:

- Complete the application form in block letters or type.
- The application form must be complete in all respects. Incomplete application forms will not be processed.
- The information provided by the candidate must be accurate. Any discrepancies found later on may lead to disqualification from the recruitment process.
- At least two references need to be mentioned that may be the principal of the institution last attended, supervising consultant, or professor of any medical college.
- The application form along with all the required documents and photographs must reach the human resource department before 5 PM on last date of submission. Applications received after the deadline will not be processed.
- Please provide valid Cell phone number and Email address so that the candidates can be informed by Human Resource Department. However, in case of not getting any call, candidates are also advised to contact the HR department five days after the last date of submission. No claim will be entertained in this regard later on.
- **Please specify only one code on front page from the following programmes:**

<u>Code</u>	<u>Specialty</u>	<u>Duration</u>
01A	Anesthesiology	(Four Years Residency Programme)
02A	General Surgery	(Four Years Residency Programme)
02B	General Surgery	(Two Years Residency Programme)
03C	Orthopaedics	(Four Years Residency Programme)
04C	Urology	(Four Years Residency Programme)
05C	Nephrology	(Four Years Residency Programme)
06D	Infectious Diseases	(Two Years Fellowship Programme)

- **Please ensure to include the following items (please tick the appropriate boxes) :**

1. Completed application form with at least two references
2. Copies of mark sheets of all professional exams
3. Copy of MBBS degree
4. Copy of valid PMDC registration
5. Copy of one year House Job certificates
6. Copy of residency programme certificates, *if applicable*
7. Copy of experience certificates for all non-residency posts, *if applicable*
8. Copy of FCPS Part I certificate
9. Copy of FCPS Part II certificate, *if applicable*

NOTE: All photocopies should be minimized to A4 size

10. Copy of Computerized National Identity Card
11. Three passport size photographs, one to be pasted on this application form and another two to be clipped to this form
12. Cash / Bank Draft / Pay Order of Rupees 500/= (non-refundable) in favor of "The Indus Hospital"