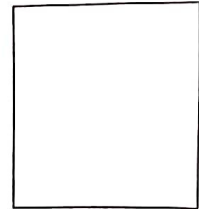


**APPLICATION FORM FOR LEVEL-IV INDUCTION**

Specialized Healthcare and Medical Education, Department



Specialty Name \_\_\_\_\_

NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Department \_\_\_\_\_

Present Address \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PMDC Registration No. \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Current Appointment: \_\_\_\_\_

**ACADEMIC QUALIFICATIONS**

MBBS	I. Professional		II. Professional	III. Professional	Final	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

**PUBLICATIONS (IN INDEXED MEDICAL JOURNAL RECOGNIZED BY PMDC)**

Original Article/Case Report 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Signature of the Applicant**

**FOR OFFICE USE**

Interviews: \_\_\_\_\_

Remarks: \_\_\_\_\_

**NOTE:** Please attach the attested copies of followings.

**(If the below mentioned documents are not attached with the Performa his/her application will not be considered for interview)**

- i) Two Recent photograph
- 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 publication
- xii) Current Employment Certificate