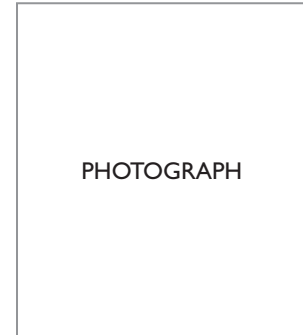


5/B-2 Phase - 5 Hayatabad Peshawar Pakistan.
Phone: (92-91) 5825501-08 ; UAN: 111-REH-MAN (734-626), Fax: (92-91) 5810055
E-mail: mhr@rmi.com.pk ; website: www.rmi.com.pk



| For Office Use Only | | | |
|---------------------|--|--------------|----|
| | | Yes | No |
| Short Listed for: | | Interviewed: | |
| Called on: | | Selected: | |

To be filled in by the applicant. Please fill in BLOCK letters.

| | | | |
|------------------------------|---|---|--|
| Date: | Position Applied For (Please Tick Only One of the Following Discipline) | | |
| | Anaesthesia <input type="checkbox"/> | Cardiology <input type="checkbox"/> | Cardiac Surgery <input type="checkbox"/> |
| | General Medicine <input type="checkbox"/> | General Surgery <input type="checkbox"/> | Paeds <input type="checkbox"/> |
| | Gynaecology <input type="checkbox"/> | Radiology <input type="checkbox"/> | Pathology: <input type="checkbox"/> |
| | | Chemical Pathology <input type="checkbox"/> | Histopathology <input type="checkbox"/> |
| | | Hematology <input type="checkbox"/> | Microbiology <input type="checkbox"/> |
| Full Name (Dr.) | Marital Status | | |
| | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Other <input type="checkbox"/> |
| Father's / Husband's Name | Gender | | |
| | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Date of Birth | Place of Birth | | |
| National ID Card No. | Nationality | Domicile | |
| Present Address: | | | |
| Permanent Address: | | | |
| Telephone Number (Residence) | | | |
| E-Mail Address: | | Mobile Number: | |

EDUCATION

| QUALIFICATION | Name of the Institution | Obtain/Total Marks | %Age | Attempts | Year of Passing |
|--------------------|-------------------------|--------------------|------|----------|-----------------|
| Medical Graduation | 1st Prof | / | | | |
| | 2nd Prof | / | | | |
| | 3rd Prof | / | | | |
| | Final Prof | / | | | |
| FCPS - I | | / | | | |

FCPS - I Attempts 1st 2nd 3rd More than 3 attempts

| | |
|--|--|
| Name & Address of Medical College / University | |
| | |

HOUSE JOB DETAILS

| Name of Institution | From | To |
|---------------------|------|----|
| | | |
| | | |

Experience After FCPS - I

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

PMDC Registration No.

NOTE

- Attach a Photocopy of CNIC, Two recent photographs, PMDC Registration certificate, House Job Certificate and CPSP letter of Congratulation
- Photocopies of all necessary documents, including academic certificate showing detailed marks/attempts of all profs.
- Do bring your Original Documents at the time of interview.
- All information fields are mandatory to be filled by the applicant.
- Incomplete form will not be entertained.

Signature _____