



Rehman Medical Institute
 5/B-2, Phase 5, Hayatabad, Peshawar.
 Tel: 92-91-825501-6, Fax-92-91-810055
 E-Mail: info@rmi.com.pk, <http://www.rmi.com.pk>

APPLICATION FOR FCPS II TRAINING

PHOTOGRAPH

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

To be filled in by the applicant. Please fill up in **BLOCK** Letters

Date:	Position Applied For	Date Available for Work
Full Name (Dr. / Mr. / Ms. / Mrs.)		Marital Status
		Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>
Father's / Husband's Name		Sex
		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date Of Birth	Place Of Birth	Nationality
National ID Card No.	Religion	Domicile
Present Address:		
Permanent Address:		
Telephone Number (Residence)	Telephone Number (Office / Other)	
E-Mail Address:	Mobile Number:	

EDUCATION

QUALIFICATION	Name of the Institution	Year Of Passing	Division / Grade GPA / %
SSC / Other (Specify)			
HSC / Other (Specify)			
Medical Graduation			
1 st Prof			
2 nd Prof			
3 rd Prof			
Final Prof			
FCPS. I			

FCPS – I Attempts

1st

2nd

3rd

More than 3 attempts

EMPLOYMENT/ HOUSE JOB

Name of Institution	From Month/ Year	To Month/ Year	Job Title	Last Salary	Reason(s) For Leaving
Experience After FCPS - I					

Professional Registration / License / Certification (List with relevant numbers):

1.	
2.	
3.	

Presently Employed

YES		NO	
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Employment Reference

Name & Position	Address	Contact Number / E-Mail Address

Minimum acceptable period for employment with RMI	Minimum acceptable salary per month

- ⇒ I hereby declare that the above-given information is true and complete and I understand that a false statement may disqualify me from employment or result in dismissal.
- ⇒ I hereby agree to follow the rules and regulations set out by RMI.
- ⇒ I hereby declare that I have no intension for work elsewhere or with anyone else, while I am in employment with RMI.
- ⇒ I have not applied for any post or made any other commitment that may prevent me from committing a minimum period of one year to RMI.
- ⇒ I agree that after the probation period I cannot leave the Job without a notice of at least one month and proper hand over to all the concerned staff at RMI under the rules.
- ⇒ I understand that default in any or all of the above will result in serious consequence including loss of any or all the benefits that I may be entitled to.
- ⇒ RMI management has the right to turn down any application without assigning any reason.

FOR OFFICE USE ONLY						
Appointed on / Date of Joining						
Employee Code:						
Compensation:						
First Increment / Enhancement	Amount		Date		Next Increment & Due Date	
Second Increment / Enhancement	Amount		Date		Next Increment & Due Date	
Third Increment / Enhancement	Amount		Date		Next Increment & Due Date	

Name: _____

Signature: _____

Date: _____