



### Application Form for FCPS - II Training Anesthesia

#### 1.0 Personal Information

Name (As appearing on CNIC)				CNIC:	<input type="text"/>									
Date of Birth	<input type="text"/>			Father/ Husband Name										
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower	M/F				Age					
Mobile No.														
Permanent Address (as appearing on CNIC)				Land Line No(s).	<input type="text"/>									
					<input type="text"/>									
Current Address (for Correspondence)				Land Line No(s).	<input type="text"/>									
					<input type="text"/>									
PMDC. NO.				Expiry Date of CNIC										
Mark of Identification				Blood Group			Email							

#### 2.0 Disclaimer

The decision of interviewing board will be final and not challengeable.

#### 3.0 Declaration

I hereby declare that the information given in this application is correct and true to the best of my knowledge. I also fully understand that any discrepancy can lead to disciplinary action against me, as deemed necessary by the authorities concerned; including termination / dismissal from service and forfeiture of service dues.

(Applicant Signature)

#### REQUIREMENT:

Attested photocopies of the following documents should be attached with the application form.

- One recent passport size photograph.
- Copy of CNIC
- FCPS Part 1 Result in Anesthesia
- MBBS Degree
- Valid PMDC Registration Certificate
- House Job Certificates
- Mark Sheets of all Professional Examinations