



APPLICATION FORM FOR PUNJAB RESIDENCY PROGRAM
LEVEL – III YEAR-1 (BASIC SCIENCES) TRAINING

Please affix 4
 Photographs
 attested from
 backside. (4x4)

PMDC Number:- _____ Dated:-----

CNIC Number:- _____

Applicant's Personal Information

1. Full Name (First, Middle, Last) Please fill all information in CAPITAL Letter

2. Father's Name (First, Middle, Last)

Date of Birth (DD/MM/YYYY) **4.** Age **5.** Gender

Address

Contact no. **7.** **8.** E-mail Address **9.** Domicile

House Job Public Private

Degree Public Private Foreign

Educational Information

(MBBS/BDS)

Year	Name of Institution	Obtained Marks	Total Marks	No. of Attempts
1				
2				
3				
4				
5				

FCPS / MD / MS / Equivalent Qualification

Candidate successful in first attempts in final examination

Candidate successful in second attempt in final examination

Candidate successful in third or subsequent attempt in final Examination

Work Experience

Designation	Institute	Period		Duration	
		From	To	Year	Month

Research Papers / Publications with Impact Factor

(Attach a complete list with proper citations)

Publication Title	Authorship (Number)	Name of Journal	Impact Factor

Oral paper presentation

<u>Sr #</u>	<u>International conference held in Pakistan</u>	<u>International conference held abroad</u>
1		
2		
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4		

Provide the list of level-III Year-1 (Basic Sciences) Qualification against referred institutions in order of preferences in the table given below

Order of Preference	Level-III Year-1 (B.S.) Qualification	FCPS/MS/MD	Institute	Signature of Applicant
1.				
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Order of Preference	Level-III Year-1 (B.S.) Qualification	FCPS/MS/MD	Institute	Signature of Applicant
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Check List:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected. In case any information provided now is found to be incorrect during the course of my training my selection shall be immediately cancelled.

Applicant's Signature

- I have filled all the relevant columns.
- Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)
 - MBBS / BDS degree / Equivalent Qualification Certificate
 - FCPS/MD/MS/ Equivalent Qualification Certificate
 - Attach copy of Detailed Marks Certificate of each year
 - CNIC
 - PM&DC NEB Examination Pass Certificate
 - PMDC Registration Certificate
 - Domicile
 - Copies of the Publications attached (Number of Copies _____)
 - Experience Certificates
 - Abstract of Oral Presentation
 - House Job Certificate (Minimum 1 Year)
- Enclosed three attested copies of recent photographs.

Applicant's signature

S.NO.	Specialty name
1	Clinical Pharmacology
2	Community Medicines
3	Chemical Pathology
4	Hematology (Pathology)