



Sindh Institute of Physical Medicine & Rehabilitation

Chand Bibi Road, Karachi, PAKISTAN Tel : +92(0)21 99216212

E-mail : pmr@sipmr.edu.pk

Batch: July 2024

Please Affix Photograph here

Application form for Postgraduate Training

Form-A1: Department of Postgraduate

FCPS-II

For Official use only

Registration #

1 1 -

Part 1 Your Application

1.1 Subject you are applying for?

1.2 Whether your chosen subject falls in the category of Sub-specialty?
(Put a ✓ in the relevant box)

Yes No
(If Yes 'go to part 6)

1.3 Are you in (Govt.) Service?
(Put a ✓ in the relevant box)

Yes No
(If Yes 'go to part 7)

1.4 Have you been registered in CPSP as FCPS-II trainee?
(Put a ✓ in the relevant box)

Yes No
(If Yes 'go to part 8)

Part 2 About you

2.1 Your Full Name
(in BLOCK capital)

2.2 Gender
(Put a ✓ in the relevant box)

Male Female

2.3 Date of Birth

2.4 Marital Status
(Put a ✓ in the relevant box)

Married Unmarried

2.5 Father's /Husband Name

2.6 Your Nationality &

2.7 Domicile

CNIC No:

-

Part 3 Your Education History

3.1 When have you passed your FCPS-I, Examination?
(Mention Date, Attach copy of FCPS-I Pass letter),

3.2 When & from where you have passed your Graduation?
(Specify Year, Name of your College)

3.3 Please give detail? →

Professional Exams

Year	1st	2nd	3rd	4th
Marks Obtained				

Part 4 Your Recognition as Medical Practitioner

4.1 Are you registered from Pakistan Medical & Dental Council (PMDC)?

Yes No
(If Yes go to 4.2) (If No go to part 5)

4.2 Please give detail? →

Registration No:	From	To

Part 5	Must be fill this part carefully				
	You are already register in CPSP	Yes	No		

FCPS-II RTMC Registration # _____ Training Date: _____ Session: _____

Institute: _____

Note: Wrong information will lead to termination the training program immediately without assigning any notice

Part 6 Internship/House Job

6.1 Please give detail?→	House Job	Subject	Date		Duration	Institution
			From	To		
	I					
	II					
	Any other relevant experience					

Part 7 *To be filled only by the applicant who have applied for Sub Speciality*

7.1 Have you already completed first (02) years training period in major field? <small>(Put a ✓ in the relevant box)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes go to 6.2) (If No go to part 7)</small>	7.2 (If Yes) so, Where have you completed? <small>(Please specify name of the Institution)</small>	
7.3 When was the training commenced?		7.4 When was the training ended?	
7.5 Name of supervisor?		7.6 Do you have any valid evidence of the said training?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes please attach copy)</small>

Part 8 *To be filled only by the applicant who is in Government Service*

8.1 In which Ministry/Govt. your service is?		8.2 When did you start this service? <small>(Please specify Date of Charge Assumption)</small>	
8.3 What is your current Designation & BPS?		8.4 Your current place of posting, Hospital, Unit/Ward <i>(District)?</i>	

Part 9 Your Contact Details

9.1 Your Permanent Address			
	Phone (Res):		Mobile:
	E-mail:		

Part 10 Declaration

I do hereby apply for Postgraduate FCPS-II Training Program. The information I have given is complete and true to the best of my knowledge. I also declare that the photograph submitted with this form is a true likeness of myself. I hereby confirm that if my statements are wrong my selection may be cancelled by SIPM&R and In case there are changes in address and Phone Number. I will inform the Department.

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Applicant's Signature		Signature & Seal Supervisor DPGS
Date		

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**Application form for
Postgraduate Training**

**Form-A2:
Student Branch, SIPM&R**

FCPS-II

For Official use only

Registration #					
1	1	-			

Part 1 Your Application

1.1 Subject you are applying for?	<input type="checkbox"/> FCPS-II	1.2 Whether your chosen subject falls in the category of Sub-specialty? <small>(Put a ✓ in the relevant box)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes 'go to part 6)</small>
1.3 Are you in (Govt.) Service? <small>(Put a ✓ in the relevant box)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes 'go to part 7)</small>	1.4 Have you been registered in CPSP as FCPS-II trainee? <small>(Put a ✓ in the relevant box)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes 'go to part 8)</small>

Part 2 About you

2.1 Your Full Name <small>(in BLOCK capital)</small>	<input type="text"/>		
2.2 Gender <small>(Put a ✓ in the relevant box)</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>	2.3 Date of Birth	<input type="text"/>
2.4 Marital Status <small>(Put a ✓ in the relevant box)</small>	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>	2.5 Father's /Husband Name	<input type="text"/>
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CNIC No:	<input type="text"/>		

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3.3 Please give detail? →	<table border="1"> <thead> <tr> <th colspan="5">Professional Exams</th> </tr> <tr> <th>Year</th> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> </tr> </thead> <tbody> <tr> <td>Marks Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Professional Exams					Year	1 st	2 nd	3 rd	4 th	Marks Obtained				
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4.1 Are you registered from Pakistan Medical & Dental Council (PMDC)? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes go to 4.2) (If No go to part 5)</small>	4.2 Please give detail? →	Registration No:	From	To
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5 Must be fill this part carefully

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Institute: _____

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			From	To		
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	Any other relevant experience					

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Batch: July 2024

**Application form for
Postgraduate Training**

**Form-A3:
Examination
Department, SIPM&R**

FCPS-II



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Registration #

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Part 1

Your Application

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About you

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2.2 Gender <small>(Put a ✓ in the relevant box)</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>	2.3 Date of Birth	
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			4 th

Part 4

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July
Batch: 2024

Admit Card For FCPS-II Entrance Test

CANDIDATE'S COPY

For Official use only

Registration #				
1	1	-		

Subject

For Official use only

Roll #				

Name in Full (BLOCK letters)

Father's /Husband Name (BLOCK letters)

Address

CNIC No: CELL #: _____

Please Affix
Photograph here

Signature of Candidate

Date: _____

Time: _____

Venue: _____

Chairman
Department of Postgraduate Studies



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Address

CNIC No: CELL #: _____

Please Affix
Photograph here

Signature of Candidate

Date: _____

Time: _____

Venue: _____

Chairman
Department of Postgraduate Studies

INSTRUCTIONS

- Application form must be completed in all respect.
- Incomplete application forms will not be processed.

The following documents are required:

Attested copies of:

- FCPS-I pass letter
- One year internship/House Job Certificates
- MBBS Degree valid PMDC Registration Certificate
- Mark Certificates of all Prof. Exams
- Matriculation Certificate
- C.N.I.C.
- Domicile
- Recent Passport photographs (Five attested from front, one from the back)
- RTMC Registration Certificate if previously registered

- All candidates are required to produce pay order of **Rs.25,000/-** in favour of "Fees Collection SIPMR, National Bank of Pakistan, Income Tax Building Branch, Karachi, Sindh, at the time of interview (refundable after completion of training), the same will be forfeited by SIPM&R if candidate does not join/complete training for any reason.
- Registration and Monitoring fee **Rs. 25,000/-** per year shall be charged.
- Two months salary will be deducted in case of left the FCPS-II Program.
- Candidates who have completed two years in General Medicine / Surgery are also eligible to apply in Gen. Medicine and Surgery.
- The questions will be **MCQ** (Single best type) with No Negative marking.
- In case of a tie regarding marks, Merit will be according to age with preference given to the elder candidate as per Sindh Government rule.
- Candidates applying for any sub specialty, must have completed two years mandatory training in the appropriate allied major subjects.
- Candidates if want to join sub-specialty after completion of two years in the appropriate allied major subject must appeared in the entry test again.
- Interview call is not a guarantee for selection.
- You are required to bring all relevant original documents for verification at the time of the interview.
- After selection / assignment of teaching unit you will have to join the unit within **03 days**. For government servants requiring deputation order, the joining period will be **15 days** and all government employees should have a **NOC** from the government by the time of interview.
- All candidates should ensure that joining report duly signed by Unit Chief, is submitted to Department of Postgraduate Studies within **03 days** of the interview and at CPSP within one month.
- Placement order will be issued after completion of all formalities.
- NO TA/DA will be given.
- The Institute does not take responsibility for providing accommodation.

MAILING ADDRESS

NAME: _____

ADDRESS: _____

TEL # _____ MOBILE # _____

NAME: _____

ADDRESS: _____

TEL # _____ MOBILE # _____

NAME: _____

ADDRESS: _____

TEL # _____ MOBILE # _____

NAME: _____

ADDRESS: _____

TEL # _____ MOBILE # _____