

Council (PMDC)?

Sindh Institute of Physical Medicine & Rehabilitation

	Kehabi	litation						
		Chand Bib	i Road, Kara	chi, PAK	ISTAN Tel	: +92(0)21 992	216212	
	Batch: Ju	ıly 2024			E-mail	: pmr@sipmr.e	edu.pk	Please Affix Photograph her
Official use on	ly		application f ostgraduate		Form- Departs Postgra	ment of		
Registration #		FC	CPS-II		'_			
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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 E	ducation Hisotry						
3.1	When have you passed your FCPS-I, Examination? (Mention Date, Atta copy of FCPS-I Pas letter),	ich		3.	2 When & from where you have passed your Graduation? (Specify Year, Name of your College)			
3.3	Please give	_	T	Prof	essional Exams			
	detail? →	Year Marks Obtaine	1 st		2nd	3rd		4th
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I understand that I may be required to provide relevant document(s) in time as acquired by SIPM&R as part of my application												
	and of my training (if selected).											
	ant's Signat	ure					-					Signature & Sea
Date	Date Supervisor DPGS											

Sindh Institute of Physical Medicine & Rehabilitation Chand Bibi Road, Karachi, PAKISTAN Tel: +92(0)21 99216213-14 E-mail: pmr@sipmr.edu.pk Please Affix Batch: July 2024 **Application form for** Photograph here Form-A2: **Postgraduate Training** Fo<u>r Off</u>icial use only Student Branch, SIPM&R Registration # FCPS-II Part 1 Your Application 1.1 Subject you 1.2 Whether your Yes \square No 🗌 are applying chosen subject (If Yes 'go to part 6) for? falls in the category of Sub-specialty? (Put a in the relevant Yes 1.3 Are you in No 🗌 1.4 Have you been Yes 🗌 No 🗌 (Govt.) (If Yes 'go to part registered in (If Yes 'go to part 8) Service? CPSP as FCPS-II trainee? relevant box) (Put a in the relevant About you Part 2 2.1 Your Full Name (in BLOCK capital) 2.2 Gender 2.3 Date of Male [Female (Put a in the Birth relevant box) 2.4 Marital 2.5 Father's Married Unmarried /Husband Status (Put a in the Name relevant box) 2.7 Domicile 2.6 Your Nationality & CNIC No: Part 3 Your Education Hisotry 3.1 When have you 3.2 When & passed your from where FCPS-I, you have Examination? passed your (Mention Date, Attach Graduation? copy of FCPS-I Pass (Specify Year, letter), Name of your College) **Professional Exams** 3.3 Please give detail? → Year 2nd3 rd4th 1 stMarks Obtained Part 4 Your Recognition as Medical Practitioner 4.1 Are you registered 4.2 Please give Yes \square No \square from Pakistan detail? → Registration (If Yes go to (If No go to part 5) To From Medical & Dental No: 4.2) Council (PMDC)?

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Sindh Institute of Physical Medicine & Rehabilitation Chand Bibi Road, Karachi, PAKISTAN Tel: +92(0)21 99216213-14 E-mail: pmr@sipmr.edu.pk Please Affix Batch: July 2024 Photograph here Form-A3: **Application form for** Examination **Postgraduate Training** For Official use only Department, SIPM&R Registration # FCPS-II Part 1 Your Application 1.1 Subject you 1.2 Whether your Yes 🗌 No 🗌 are applying chosen subject (If Yes 'go to part 6) for? falls in the category of Sub-specialty? (Put a in the relevant 1.3 Are you in Yes \square No 🗌 1.4 Have you been Yes 🗌 No 🗌 (Govt.) registered in (If Yes 'go to part (If Yes 'go to part 8) Service? CPSP as FCPS-II trainee? (Put a 'in the relevant box) (Put a in the relevant box) About you Part 2 2.1 Your Full Name (in BLOCK capital) 2.2 Gender 2.3 Date of Male \square Female (Put a in the Birth relevant box) 2.4 Marital 2.5 Father's Status Married Unmarried /Husband ✓ (Put a in the Name relevant box) 2.6 Your 2.7 Domicile Nationality & CNIC No: Part 3 Your Education Hisotry 3.1 When have you When & passed your from where FCPS-I, you have passed your Examination? (Mention Date, Attach copy of FCPS-I Pass Graduation? (Specify Year, letter). Name of your College) **Professional Exams** 3.3 Please give detail? → Year 2nd $3 \, \mathrm{rd}$ 4 th1 stMarks Obtained Part 4 Your Recognition as Medical Practitioner Are you registered 4.2 Please give Yes \square No \square from Pakistan detail? → Registration (If Yes go to (If No go to part 5) To From Medical & Dental No: 4.2) Council (PMDC)?

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_	olicant's Signat									Signature & Seal Supervisor
										DPGS

Sindh Institute of Physical Medicine & Rehabilitation Chand Bibi Road, Karachi, PAKISTAN E-mail: pmr@sipmr.edu.pk July **Admit Card** Batch: 2024 For FCPS-II **CANDIDATE'S COPY** For Official use only **Entrance Test** Registration # EIILIAIILE TESL For Official use only 1 Roll# Subject Name in Full (BLOCK letters) Father's /Husband Name (BLOCK letters) Please Affix Photograph here Address CNIC No: CELL #: Date: _____ Time: **Signature of Candidate** Chairman Venue: **Department of Postgraduate Studies** Sindh Institute of Physical Medicine & Rehabilitation Chand Bibi Road, Karachi, PAKISTAN E-mail: pmr@sipmr.edu.pk Batch: July 2024 **Admit Card** SIPM&R COPY For FCPS-II For Official use only **Entrance Test** Registration # For Official use only Roll # Subject Name in Full (BLOCK letters) Father's /Husband Please Affix Name (BLOCK letters) Photograph here Address CNIC No: CELL #: Date: _____ Signature of Candidate Chairman Time: **Department of Postgraduate Studies** Venue: __

INSTRUCTIONS

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

The following documents are required:

Attested copies of:

- A. FCPS-I pass letter
- B. One year internship/House Job Certificates
- C. MBBS Degree valid PMDC Registration Certificate
- D. Mark Certificates of all Prof. Exams
- E. Matriculation Certificate
- F. C.N.I.C.
- G. Domicile
- H. Recent Passport photographs (Five attested from front, one from the back)
- I. RTMC Registration Certificate if previously registered
- All candidates are required to produce pay order of <u>Rs.25,000/-</u> 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

	MOBILE #	
TEL#	MOBILE #	
NAME:		
TEL#	MOBILE #	
ADDRESS:		
TEL#	MOBILE #	