SARDAR TRUST EYE HOSPITAL

سردار ٹرسٹ آئی ہسپتال

Since 1994

FCPS PROGRAM APPLICATION PROFORMA

Attached picture

1.5*1.5

PERSONAL DETAILS

Name: _____

Marital Status: _____

Father's/Husband's Name: _____

Age: _____   **Contact No.** _____

DOB(DD/MM/YYYY): _____/_____/_____

Domicile: _____

Nationality: _____

Present district of Residence: _____

Present Address: _____

_____

Permanent Address: _____

_____

Are you currently Employed?

If yes, then:

Name of Institution: _____

Designation: _____

Were you ever removed/Expelled from any college/institution?

If yes, then give details: _____

_____

Were you ever convicted by court of law?

If yes, then give details: _____

_____

Are you facing a criminal trial in any court of law?

If yes, then give details: _____

_____

ACADEMIC DETAILS

DEGREE	BOARD/ UNIVERSITY	YEAR	OBTAINED MARKS	TOTAL MARKS	%AGE
MATRICULATION					
INTERMEDIATE					
MBBS FIRST PROFESSIONAL (PART-1)					
MBBS FIRST PROFESSIONAL (PART-2)					
MBBS THIRD PROFESSIONAL					
MBBS FOURTH PROFESSIONAL					
MBBS FINAL PROFESSIONAL					
MBBS GRAND TOTAL					

AWARDS AND ACHIEVEMENTS

DISTINCTIONS

YEAR	DETAILS

MEDALS

YEAR	DETAILS

SCHOLARSHIPS

YEAR	DETAILS

PUBLICATIONS

YEAR	DETAILS

CONFERENCES

YEAR	DETAILS

Professional Experience

POST HELD	DEPARTMENT/ OFFICE	STARTING DATE	ENDING DATE	SCALE
HOUSE OFFICER				
HOUSE OFFICER				
HOUSE OFFICER				
HOUSE OFFICER				

DECLARATION BY THE CANDIDATE:

I hereby solemnly declare that:

a) The information given in this Admission Form is correct to the best of my knowledge and belief and if anything is found incorrect, the Institute will have the right to cancel my admission and expel me from the Institute.

b) I promise to:

    I.   abide by the Statutes, Regulations and Rules in force as framed or amended thereafter by the Institute from time to time;

    II.   maintain good behavior;

    III.   work diligently and maintain the dignity and prestige of the Institute both on and off the Campus.

c) I undertake to be a full-time and regular student of the Institute and shall not join any other Program or accept any employment for the duration of the Program registered.

d) I accept if my stay is not conductive to the normal academic and community life on the campus, I will not hesitate to withdraw my name after being called upon to do so, and my admission will be treated as cancelled.

Signature of the Candidate_____

DECLARATION BY FATHER/GUARDIAN

I am responsible for the good behavior and conduct of my son/daughter/wife, during his/her stay at the Institute and shall fully cooperate with the Institute authorities in this regard. I am enclosing a signed copy of my National Identity Card as proof of my undertaking.

Signature of Father/Guardian _____

INSTRUCTIONS FOR THE CANDIDATES

1. All entries in the form must be made in BLOCK LETTERS or must be typed.
2. Strike out what is not applicable, but do not leave any entry unfilled.
3. In case an entry does not apply to you, clearly write NOT APPLICABLE. In all other columns write the necessary information or write appropriate replies, such as yes, no, nil etc.
4. One attested copy of the relevant documents should accompany the applications:

➤ All the degrees and certificates of education (including detailed marks certificates, distinction certificates, scholarships, medals, etc.)

➤ Equivalence certificate from Higher Education Commission (HEC) in case of qualifications acquired from the Foreign Universities/Institutes.

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- ➢ **Domicile certificate of the candidate.**
- ➢ **No Objection Certificate (in case of in-service candidate).**
- ➢ **National Identity Card of the Candidate.**
- ➢ **National Identity Card of the Candidate's Father/Husband/Guardian.**