

**PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL
SCIENCES GAMBAT KHAIRPUR**



**FOR ADMISSION TO
FCPS / MCPS TRAINING PROGRAM
ACADEMIC SESSION July 2026**

Passport Size
Photo
35x45mm
(Past Here)

FOR OFFICE USE ONLY

Roll No:	
Written Exam Result	

*** Please Read and Follow the Instructions carefully which are provided at Page 04 Before Filling the Application Form**

4 YEARS FCPS IN: (LEVEL- I)

- | | |
|--|---|
| ☐ General Medicine | ☐ Anesthesiology |
| ☐ Pediatric Medicine | ☐ Diagnostic Radiology |
| ☐ Obstetrics And Gynecology | ☐ Physiology |

3 YEARS FCPS IN: (LEVEL- II)

- | | |
|---|--|
| ☐ CARDIAC SURGERY (2YEARS PROGRAM) | ☐ Neuro Surgery |
| ☐ Pulmonology | ☐ |

3 YEARS FCPS IN: (LEVEL- III)

- ☐ HPB & Liver Transplant

2 YEARS MCPS IN: (LEVEL- II)

- ☐ Anesthesiology

ACADAMIC RECORD

DEGREE	INSTITUTE	PASSING YEAR	Percentage	NO. OF ATTEMPTS
MATRIC				
FSC				
MBBS				
HOUSE JOB				
FCPS PART-I				
IMM				
FCPS PART-II				

PERSONAL INFORMATION

NAME:

FATHER'S NAME:

MERITAL STATUS:

CNIC:

D.O.B:

PRESENT ADDRESS:

PERMANENT ADDRESS:

Name of Employer:

(For in-service candidates only)

Present Posting/Position:

TELEPHONE(HOME):

DOMICILE

MOBILE:

RELIGION:

EMAIL:

NATIONALITY:

PMC NO:

VALID UPTO:

GRADUATION & POST GRADUATION RECORD**EXAMINATION
PASSED****YEAR****NUMBER OF
ATTEMPTS****MARKS
OBTAINED****INSTITUTION**

First Prof:

Second Prof:

Third Prof:

Fourth Prof:

Final Prof:

Post-Graduation

FCSP-I

IMM

FCSP-II

RECORD OF WORK EXPERIENCE / EMPLOYMENT / RESIDENCY			
NATURE OF JOB	SPECIALITY	DURATION	INSTITUTION
House Job	a.		
	b.		
	c.		
	d.		
Residency Experience (If Any)			
All Other Jobs (If Any)			

PUBLICATIONS			
	Topic	Authorship Status 1 st , 2 nd , 3 rd or any	Name of Journals
Article			
Dissertation (If Applicable)			

LIST OF COURSES / WORKSHOPS / TRAININGS ATTENDED (IF ANY)	
BLS	
CPSP Workshops	
Others	

DECLARATION

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT FOR THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE ALL THE RULES AND REGULATIONS OF PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES GAMBAT AS PER INSTITUTIONAL POLICY. THE INSTITUTE RESERVES THE RIGHT TO MAKE ANY CHANGES WITHOUT PRIOR NOTICE.

DATE: _____

CANDIDATE'S SIGNATURE

Please Read and Follow the Instructions Carefully Before Fill the Application Form

1. Fill the application form in CAPITAL (upper case) letters
Fill in all the necessary data required for your speciality, Page 1 mark (✓) in the ☐ for your selected Speciality.
2. , and try to give maximum information regarding your academic records, work experiences, workshops & Courses
3. Attach all attested copies of documents in the order given below.
4. The * documents are must for all candidates

CHECKLIST OF DOCUMENTS (ATTESTED)

Please fill all the check boxes as appropriate (✓ or x)

	YES	NO
1. * Application form filled in capital letters + Demand Draft attached Infront on separate envelop	☐	
2. * CNIC (Attach on left corner of the form)	☐	
3. * 3 Passport Sized Photographs. (Attach on Page 1 and 5)	☐	
4. * Detailed & Updated CV	☐	
5. * Valid & Updated PMC/PMDC Certificate	☐	
6. FCPS-II (Certificate/ Election letter for level III Induction only)	☐	☐
7. Experience Certificate of FCPS-II Training (For Level-II and III induction)	☐	☐
8. IMM Certificate (For Level-II and III induction only)	☐	☐
9. * FCPS-I Congratulation letter (Not needed for MCPS)	☐	
10. * Post House Job (Non-Residency= MO ship) Experience Certificates	☐	
11. * House Job Certificates	☐	
12. * MBBS Certificate	☐	
13. * MBBS Detailed Marks Sheet	☐	
14. * F.SC Certificate	☐	
15. * Matriculation Certificate	☐	
16. M.Phil./M.S Certificate for Physiology (if any)	☐	☐
17. N.O.C / Deputation Letter from your current employer (If any)	☐	☐
18. Publications	☐	☐
19. * Domicile	☐	
20. CPSP Workshops + BLS Certificates (For Level-II and III induction only)	☐	☐
21. Any other Certificates (if any)	☐	☐

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ADMIT SLIP

FCSP EXAMINATION

TRAINING PROGRAM ACADEMIC SESSION JULY 2026

ROLL NO: _____

PHOTOGRAPH
(Pasted)

Course / Program Applied For (write down clearly your selected specialty as in application form)

Name: _____ Father Name: _____

WhatsApp No: _____ CNIC: _____

Signature of Candidate

Signature of Exam Controller

Signature of PG Director

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