



Armed Forces Bone Marrow Transplant Centre

Application form for Residency Training (for FCPS Part II) at AFBMTC/NIBMT CMH Medical Complex Rwp

Family Details if Married	<p>Spouse Name:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Job Type:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Children Detail:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Name	Age												
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QUALIFICATION & WORK EXPERIENCE															
Date of graduation (MBBS) Month/Year	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; background-color: black; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Months</td> <td colspan="4" style="text-align: center;">Years</td> </tr> </table>								Months			Years			
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Institute form where graduated															
House Job															
Hospital	Specialty	Duration													
FCPS-I <ul style="list-style-type: none"> • Medicine • Paeds 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Specialty & Date</td> <td style="width: 15%;"><input type="radio"/> Medicine</td> <td style="width: 15%;"><input type="radio"/> Paeds</td> <td style="width: 40%;"></td> </tr> </table>		Specialty & Date	<input type="radio"/> Medicine	<input type="radio"/> Paeds										
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Post FCPS-I Training	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Hospital</th> <th style="width: 33%;">Specialty</th> <th style="width: 34%;">Duration</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>		Hospital	Specialty	Duration										
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IMM Expected Date															



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Other Qualifications	<input type="radio"/> FCPS <input type="radio"/> MRCP <input type="radio"/> FRCP		
Work Experiences	Training (Med/Paeds) / Consultant Experience		
	Institute	From	To

- The form is to be submitted to the Training Office according to the notified schedule.
- Documents to attach (Attested Photostat copies)
 - a. Printed Application Form (**Available in Training Branch of AFBMTC & Website afbmtc-nibmt.org.pk**)
 - b. Curriculum Vitae (CV)
 - c. Academic Certificates Certificate
 - d. MBBS Degree
 - e. Result cards of all professional exams
 - f. CPSP registration certificate
 - g. NIC/Passport
 - h. Part 1 result/exemption certificate
 - i. Domicile
 - j. PMDC registration
 - k. House Job Certificate
 - l. Two passport size photographs

Please note: Applications shall not be entertained with incomplete information.

DECLARATION

Signature of the Applicant and date: _____

Official Use Only

Comments/Status