

## **Armed Forces Bone Marrow Transplant Centre**

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

PERSONAL BIODATA					
Form No. (Office use only) Applicant's Name		Paste			
S/o, D/o, W/o		Passport size Photograph Do not Staple			
Date of birth					
(DD-M M-YY)					
NIC No.					
Sex	Marital status				
(Male/ Female)	(Single/ Married				
Date of graduation (MBBS)					
Month/Year	Months Years				
Institute form where					
graduated					
PM&DC Registration No.					
Email Address					
Telephone No.	(Res.) (Mobile)				
District of Domicile					
Paid/Sponsored					
(Select the province from where sponsored)	● KPK     ● Punjab     ● Sindh     ● Baluchistan	<ul><li>Federal Govt</li></ul>			
Present address					
Permanent Mailing Address (If different from above)					



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Family Details if Married  Children Detail:  Name  Age  QUALIFICATION & WORK EXPERIENCE  Date of graduation (MBBS) Month/Year  Months  Years  Institute form where graduated  House Job  Hospital  Specialty  Duration  FCPS-I  Medicine  Specialty & Date  Medicine  Paeds		Spouse Name:					
Family Details if Married  Children Detail:  Name  Age  QUALIFICATION & WORK EXPERIENCE  Date of graduation (MBBS) Month/Year  Months  Years  House Job  Hospital  Specialty  Duration  FCPS-I  Medicine  Specialty & Date  Paeds							
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Children Detail: Name  Age  QUALIFICATION & WORK EXPERIENCE  Date of graduation (MBBS) Month/Year  Months  House Job  Hospital  Specialty  Duration  FCPS-I  Medicine  Specialty & Date  Paeds		Job Type:					
Name Age  QUALIFICATION & WORK EXPERIENCE  Date of graduation (MBBS) Month/Year  Months Years  House Job  Hospital Specialty Duration  FCPS-I  Medicine Specialty & Date Medicine Paeds	Family Details						
QUALIFICATION & WORK EXPERIENCE  Date of graduation (MBBS) Month/Year  Months Years  Institute form where graduated  House Job  Hospital Specialty Duration  FCPS-I  Medicine Specialty & Date Medicine Paeds	if Married	Children Detail:					
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IMM Expected Date							



Comments/Status

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Other Qualifications	• FCPS • MRCP	• FRCP				
	Training (Med/Paeds) / Consult					
		·	-			
Work Experiences	Institute	From	То			
Work Experiences						
	o be submitted to the Training Office ac	cording to the notified schedule	e.			
	o attach (Attested Photostat copies)					
	ted Application Form (Available in Train	ing Branch of AFBMTC & Web	site <u>afbmtc-nibmt.org.pk</u> )			
	riculum Vitae (CV) demic Certificates Certificate					
	d. MBBS Degree					
	<ul><li>e. Result cards of all professional exams</li><li>f. CPSP registration certificate</li></ul>					
g. NIC/Passport						
•						
i. Domicile						
j. PMDC registration						
k. Hou	. House Job Certificate					
I. Two	passport size photographs					
☐ Please note: Applic DECLARATION	ations shall not be entertained with	n incomplete information.				
Signature of the Applicant and date:						
Official Use Only						