



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY
PIMS ISLAMABAD – 44000



**INTERNATIONAL FELLOWSHIP
PROGRAM - 2015**

Please affix 3 photographs attested form backside. (4x)

Instructions

- 1- Use CAPITAL Letters and write your details exactly they appear in your documents.
- 2- Incomplete application form will not be accepted. No. Columns left blank
- 3- Cutting/ over writing is not allowed.
- 4- Candidates found to have made false or incorrect Statements in the form are liable to expulsion.

Specialty	
Program attended	MD MS FCPS

Applicant's Personal Information

1. Full Name (First, Middle, Last)

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2. Father's Name (First, Middle, Last)

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3. Marital Status

Single
 Married

4. CNIC No.

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5. Date of Birth (DD/MM/YYYY)

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6. Gender

Male
 Female

7. Nationality

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8. PM&DC Registration No.

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9. Email

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10. Mailing Address

11. Permanent Address

12. Domicile

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13. Mobile Number

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14. Land Line Number

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15. Blood Group

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Educational Information

Degree	Subject	Institute/Board/University	Passing Year	Obtained Total Marks	No. of Attempts	Grade/Division with Percentage
Matric/ O-Levels						
Intermediate/ A-Levels						
MBBS/ BDS						
FCPS Part 1/ GAT						

MBBS/ BDS

First Professional				Second Professional		Third Professional		Final Professional	
Part I		Part II							
%age	Attempts	%age	Attempts	%age	Attempts	%age	Attempts	%age	Attempts

Distinctions / Achievements (if any please specify)

Training Appointments

SR#	Hospital / University	From	To
1			
2			
3			
4			
5			

Signature of applicant

Note:

- 1- Attach all relevant documents.
- 2- Bank Draft / Bank Challan.