PAK RED CRESCENT MEDICAL & DENTAL COLLEGE, LAHORE
Postgraduate Training Admission Form
(FCPS Programs)

Personal Information

1. **Full Name (as per CNIC):** _____
2. **Father's/Husband's Name:** _____
3. **CNIC Number:** _____
4. **Date of Birth:** ____ / ____ / _____
5. **Gender:** ☐ Male ☐ Female ☐ Other
6. **Marital Status:** ☐ Single ☐ Married
7. **Permanent Address:**

Current/Postal Address:

8. **Mobile Number:** _____
9. **Email Address:** _____
10. **Domicile (Province):** _____
11. **Nationality:** _____

Academic Qualifications

Qualification	Year	Institution	Board/University	Marks/Grades	Distinction (if any)
Matric/O-Level					
F.Sc/A-Level					
MBBS/BDS					
House Job					
Any Other					

Training Program Details

1. **Program Applied For:** ☐ FCPS
2. **Specialty:** _____
3. **Is this your first attempt at admission?** ☐ Yes ☐ No
    - If no, mention previous attempts and institutions:

4. **Have you passed FCPS-I?** ☐ Yes ☐ No
    - If Yes, mention year and specialty: _____
5. **Have you registered with CPSP?** ☐ Yes ☐ No
    - CPSP Registration No: _____

Documents Checklist

(Attach **attested** photocopies of the following documents)

☐ CNIC
☐ MBBS/BDS Degree
☐ PMDC/PMC Registration Certificate
☐ House Job Certificate
☐ FCPS-I/MCPS-I Result Card
☐ CPSP Registration (if applicable)
☐ Domicile Certificate
☐ Character Certificate
☐ Experience Certificate (if any)
☐ Passport Size Photographs (02)
☐ Updated CV
☐ Bank Draft/Challan (Application Fee) – Rs. _____

Declaration

I, Dr. _____, hereby declare that the information provided above is accurate and true to the best of my knowledge. I understand that any false statement or misrepresentation will lead to disqualification from the admission process or termination of training.

Signature of Applicant: _____
Date: ____ / ____ / _____

For Office Use Only

- Application Received On: ____ / ____ / _____
- Received By: _____
- Documents Verified: ☐ Yes ☐ No
- Remarks: _____
- Signature of Admission Committee Member: _____

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