

**POSTGRADUATE MEDICAL INSTITUTE/
AMEER-UD-DIN MEDICAL COLLEGE/
LAHORE GENERAL HOSPITAL, LAHORE**

Photograph

Application Form for FCPS part-II Training

1. I, Dr. _____ S/O, D/O _____

hereby apply for FCPS Part-II Training in the Specialty: _____

1. 04 Years training (complete four years training)
2. 03 Years training (having two years completion of training of subspecialty)
3. 02 Years training (after completion of two years training move to subspecialty)

in the Department of _____ LGH, Lahore

2. I have attached the attested photocopies of the following documents along with:-

- a. CNIC.
- b. Domicile (District _____ Province _____)
- c. Matric & FSC certificate.
- d. Result card of the five Professional Examinations.
- e. MBBS Degree
- f. Attempt certificate
- g. House Job certificate
- h. Medal / Research Paper certificate
- i. Result card of FCPS Part-I.
- j. If completed 02 years training pleas attach Certificates/RTMC
- k. PMDC Registration Certificate

Signature: _____

Name: _____

Father's Name: _____

Address: _____

Contact No: _____

E-Mail Address: _____

Dated _____/2016.

Note: Please fill the attached Proforma.

PROFORMA TO BE ATTACHED WITH THE APPLICATION

Name of Doctor: _____

Applied for FCPS-II training in _____

1. **Academic Records:**

Sr. No.	Prof./ Examination	Marks Obtained	Total Marks Out of	Attempt
1.	1 st Professional Part-I			
2.	1 st Professional Part-II			
3.	2 nd Professional			
4.	3 rd Professional			
5.	Final Professional			
Total				

❖ Conversation formula for MBBS Marks:-

Aggregate marks of all Professional exams. = X

Total max. Marks of all Professional exams. = Y

% age marks = $X/Y \times 100$ = Z

Merit marks = $Z/4$ =

❖ **Note:** For Foreign graduates 80% of the aggregate score as calculated by above formula shall be considered. (Z=80%)

❖ Medal/ Research paper if any _____ Yes/ No (attach certificate)

❖ Last date of House Job completion _____

❖ Date of passing FCPS Part-I Examination _____

❖ Duration between the last date of House Job completion and date of passing FCPS part-I exam years _____ months _____ days _____

I have re-checked the above provided information.

Candidate Signature: _____

Counter Checked by EC-PG Section LGH: _