



# Punjab Rangers Teaching Hospital (PRTH)

HQ Pakistan Rangers (Punjab), Zarrar Shaheed Road, Lahore 33

## Section 1 (Program Information)

Application For: FCPS Training  MCPS Training  Session: \_\_\_\_\_

Department: \_\_\_\_\_ Group (if applicable): \_\_\_\_\_

## Section: II (Personal Information)

Name: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Married

Date of Birth: 

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 Place of Birth: \_\_\_\_\_

CNIC #: 

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 Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of emergency person to be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Section: III (Detail of FCPS Part-I Examination)

FCPS Part-I Passing Year: \_\_\_\_\_ Session: \_\_\_\_\_ Attempt: \_\_\_\_\_ Subject: \_\_\_\_\_

## Section: IV (Registration with Pakistan Medical & Dental Council))

PMDC Full Registration No: \_\_\_\_\_ Date: \_\_\_\_\_ Valid Up to: \_\_\_\_\_

Please Paste a  
Passport Size  
Photograph

**Section: V (Academic Record)**MBBS/BDS Passing Year: \_\_\_\_\_ Session: \_\_\_\_\_  Annual  Supplementary

Professionals	Attempt	Roll No.	Aggregate Marks	Total Marks	Percentage	College/University
1 <sup>st</sup> Prof Part-I						
1 <sup>st</sup> Prof Part-II						
2 <sup>nd</sup> Prof						
3 <sup>rd</sup> Prof						
Final Prof						

**Section: VI (Professional Record)**

Sr. #	Specialty	Position Held	Duration		Institute/Hospital
			From	To	
1.					
2.					
3.					
4.					

**Section: VII (References)**

Sr. #	Full Name	Full Address	Contact		Business/Occupation
			Office		
1.			Office		
			Mobile		
			E-Mail		
2.			Office		
			Mobile		
			E-Mail		

**Section: VIII (Declaration / Undertaking)**

I hereby declare that the statements made by me in this form are true and correct to the best of my knowledge. I understand that I will be held liable for any material misrepresentation, omission made thereon or any other document requested by or submitted to the Organization. I also undertake that I will abide by the rules & regulations of the Punjab Rangers Teaching Hospital.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enclosures: (Please provide attested copies of following documents)**

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|---|---|
| i. FCPS Part-I letter                       | vii. Distinction certificate (if any in relevant subject) |
| ii. Valid PMDC registration certificate     | viii. Research publications (if any)                      |
| iii. MBBS degree                            | ix. Certificate for extra circular activities (if any)    |
| iv. House Job certificates                  | x. Certificate for community work (if any)                |
| v. Detail Marks Sheets of all professionals | xi. Two recent passport size photographs                  |
| vi. Professional's attempt certificate      | xii. CNIC copy  |