



DEPARTMENT OF MEDICAL EDUCATION

**Northwest General Hospital & Research Centre
Hayatabad Peshawar**

Application Form For Post Graduate Training

1. PERSONAL INFORMATIONS

Name _____ Father / Husband Name _____

PMDC Registration No _____ E-Mail _____

Res. Phone No _____ Cell No _____

Domicile _____ Date of Birth _____

CNIC No _____ Marital Status Single Married

Postal Address _____

Name of Medical College Graduated from _____

2. Number of attempts and marks in passing each MBBS Professional examination

MBBS Professional Exams	Attempts	Total Marks	Marks Obtained	Percentage	Year of Passing
First (Part-I)					
First (Part-II)					
Second					
Third					
Final					

3. Other Information

a. House Job 1st _____

2nd _____

b. Hostel Required Not Required

c. Pick & Drop Facility Required Not Required

4. One attested Photo Copy of the Following valid documents must be attached (please tick the relevant box)

- Academic Certificate
- Matric and F.Sc Certificates
- CNIC
- PMDC Registration
- Three latest passport size photographs
- MBBS Degree
- FCPS-1 qualifying / congratulation letter from CPSP

5. I solemnly declare that all the Information / Documents provided are correct & valid.

Date _____

Applicant Sign _____

Note: Please bring all the Original Documents / Certificates at the time of interview.