

UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870 (for office use only)

Form No:-

Please affix 4 Photographs attested from backside. (4x4)

<u>APPLICATION FORM FOR PUNJAB RESIDENCY PROGRAM</u> (LEVEL – IV) TRAINING

PMDC Number:- -----

Dated:-----

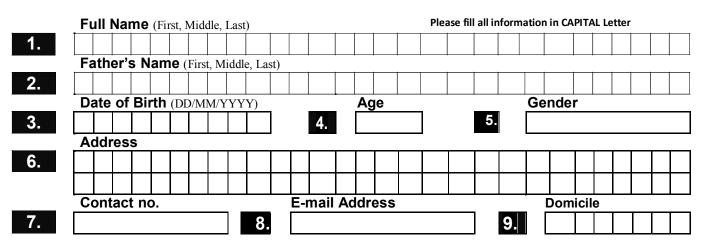
. .

. . .

.

CNIC Number:-_____

Applicant's Personal Information



Educational Information

. (MBBS/BDS)

Year	Name of Institution	Obtained Marks	Total Marks	No. of Attempts
. 1				
2				
3				
. 4				
5				

FCPS / MD / MS / Equivalent Qualification

Candidate successful in first attempts in final examination	
Candidate successful in second attempt in final examination	
Candidate successful in third or subsequent attempt in final Examination	

Work Experience (experience obtained after completion of Post-graduation)

	Institute	Period		Duration	
Designation		From	То	Year	Month

Research Papers / Publications with Impact Factor

(Attach a complete list with proper citations)

Publication Title	Authorship (Number)	Name of Journal	Impact Factor

Oral paper presentation

<u>Sr #</u>	International conference held in Pakistan	International conference held abroad
1		
2		
3		
4		

Provide the list of level IV Qualification against referred institutions in order of preferences in the Table given below (for your convenience list of PM&DC Approved Level IV Qualification are provided at the end of the form)

Order of Preference	Level IV Qualification	FCPS/MS/MD	Institute	Signature of Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9				
10.				
11.				
12				
13.				
14.				
15				
16.				
17.				
18.				
19				
20.				
21.				
22.				
23.				

Order of Preference	Level IV Qualification	FCPS/MS/MD	Institute	Signature of Applicant
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				

Check List:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected. In case any information provided now is found to be incorrect during the course of my training my selection shall be immediately cancelled.

Applicant's Signature

 \Box I have filled all the relevant columns.

Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)

- MBBS / BDS degree / Equivalent Qualification Certificate
- FCPS/MD/MS/ Equivalent Qualification Certificate
- Attach copy of Detailed Marks Certificate of each year
- □ CNIC
- □ PM&DC NEB Examination Pass Certificate
- □ PMDC Registration Certificate
- □ Domicile
- Copies of the Publications attached (Number of Copies _____)
- Experience Certificates
- ☐ Abstract of Oral Presentation

Enclosed three attested copies of recent photographs.

Applicant's signature

S.NO.	Subspecialty name	Eligibility Criteria			
	CPSP Programs				
1	Cardiothoracic Anesthesiology	FCPS/MD Anesthesiology			
2	Child and Adolescent Psychiatry	FCPS/MD Psychiatry			
3	Clinical cardiac electrophysiology	FCPS/MD Cardiology			
4	Community and Preventive Pediatrics	FCPS/MD Pediatrics			
5	Critical Care Medicine	FCPS/MS Anesthesiology			
6	Developmental and Behavioral				
	Pediatrics	FCPS/MD Pediatrics			
7	Endocrinology	FCPS/MD Medicine			
8	Gynaecological oncology	FCPS/MS Gynecology and Obstetrics			
9	Infectious Diseases	FCPS/MD Medicine			
10	Interventional Cardiology	FCPS/MD Cardiology			
11	Materno Foetal Medicine	FCPS/MS Gynaecology and Obstetrics			
12	Neonatal Pediatrics	FCPS/MD Pediatrics			
13	Orbit and oculoplastics	FCPS/MS Ophthalmology			
14	Paediatric Cardiology	FCPS/MD Pediatrics			
15	Pediatric Gastroenterology	FCPS/MD Pediatrics			
16	Pediatric Hematology/Oncology	FCPS/MD Pediatrics			
17	Pediatric Infectious Diseases	FCPS/MD Pediatrics			
18	Paediatric Nephrology	FCPS/MD Pediatrics			
19	Paediatric Neurology	FCPS/MD Pediatrics			
20	Pediatric Ophthalmology	FCPS/MS Ophthalmology			
21	Pain Medicine	FCPS/MS Anesthesiology			
22	Reproductive endocrinology and				
	infertility	FCPS/MS Gynecology and Obstetrics			
23	Rheumatology	FCPS/MD Medicine			
24	Surgical Oncology	FCPS/MS Surgery			
25	Urogynaecology	FCPS/MS Gynecology and Obstetrics			
26	Vascular surgery	FCPS/MS Surgery			
27	Vitero Retinal Ophthalmology	FCPS/MS Ophthalmology			
	University Programs				
	Paediatric Orthopaedic Surgery	MS/FCPS Orthopedics			
	Paediatric Neurosurgery	MS/FCPS Neurosurgery			
	Paediatric Ophthalmology	MS/FCPS Ophthalmology			
	Vitero Retinal Ophthalmology	MS/FCPS Ophthalmology			
	Cornea	MS/FCPS Ophthalmology			

List of Approved Level 4 Qualification