

**UNIVERSITY OF HEALTH SCIENCES LAHORE**

KHAYABAN-E-JAMIA PUNJAB LAHORE

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(for office use only)

Form No:- _____

**APPLICATION FORM FOR PUNJAB RESIDENCY PROGRAM
(LEVEL – IV) TRAINING**

PMDC Number:-

Dated:.....

CNIC Number:-

Please affix 4
Photographs
attested from
backside. (4x4)**Applicant's Personal Information**

1. Full Name (First, Middle, Last)		Please fill all information in CAPITAL Letter	
<input type="text"/>		<input type="text"/>	
2.	Father's Name (First, Middle, Last) <input type="text"/>		
3.	Date of Birth (DD/MM/YYYY) <input type="text"/>	4.	Age <input type="text"/>
5.		Gender <input type="text"/>	
6.	Address <input type="text"/>		
7.	Contact no. <input type="text"/>	8.	E-mail Address <input type="text"/>
9.		Domicile <input type="text"/>	

Educational Information

(MBBS/BDS)

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

FCPS / MD / MS / Equivalent QualificationCandidate 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)**

Designation	Institute	Period		Duration	
		From	To	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>	<u>International conference held in Pakistan</u>	<u>International conference held abroad</u>
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.				
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Order of Preference	Level IV Qualification	FCPS/MS/MD	Institute	Signature of Applicant
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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

- 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

List of Approved Level 4 Qualification

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	Vitreo Retinal Ophthalmology	FCPS/MS Ophthalmology
University Programs		
	Paediatric Orthopaedic Surgery	MS/FCPS Orthopedics
	Paediatric Neurosurgery	MS/FCPS Neurosurgery
	Paediatric Ophthalmology	MS/FCPS Ophthalmology
	Vitreo Retinal Ophthalmology Cornea	MS/FCPS Ophthalmology MS/FCPS Ophthalmology