

Affix your  
Recent  
Photograph  
Here

## APPLICATION FORM FOR POSTGRADUATE & FELLOW DOCTORS

[illegible]

RECENT EMPLOYMENT / TRAINING DETAILS		
Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> Self	Duration: ____   ____   ____    To ____   ____   ____  Reason of leaving: _____ (Also attach Resignation/Relieving/Termination letter)	
Name of Organization: _____		
Contact Details: _____	Address: _____	
LIST TWO (02) REFERENCES NOT RELATED TO YOU		
Name: _____	Occupation: _____	Contact#: _____
Name: _____	Occupation: _____	Contact#: _____
CONTACT PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
Name: _____		Relation: _____
Name in Block Letters		
Mobile #: _____		Home Phone #: _____
UNDERTAKING		
<ol style="list-style-type: none"> <li>1. I will abide by all rules and regulations enforced at National Institute of Cardiovascular Diseases, Karachi at present and those which may be enforced at any time in the future.</li> <li>2. I will not work anywhere else during my training program.</li> <li>3. I will not indulge in any political activity, including unionism or political groupings.</li> <li>4. I will protect and preserve the property of NICVD at all the times and will make all efforts to prevent others from causing any damage or destruction to the Institute's property.</li> <li>5. I understand that in case of disciplinary/ethical misconduct or inadequate performance either in clinical or in examination, the concerned authority can review my performance and make recommendation including termination of training.</li> <li>6. If I am found involved in any unlawful activity in contravention of the above terms and conditions at any stage during my training at NICVD, the Institute will have the right to terminate my training.</li> <li>7. I solemnly declare that the information provided by me on this Application Form is complete and accurate to the best of my knowledge. I understand that declaration of any false or misleading information will result in immediate cancellation of my admission and termination from the Institute.</li> </ol>		
Dated: _____		Signature of Applicant: _____
ATTESTED DOCUMENTS REQUIRED		
1.	02 Passport size photographs (back side attested).	
2.	01 Computerized National Identity Card Photocopy. (Both Sides attested).	
3.	Complete updated Curriculum Vitae (CV).	
4.	Attested photocopy of Domicile & PRC	
5.	Attested Photocopies of Matric & Intermediate certificates.	
6.	Attested photocopy of Medical (Graduation) Degree	
7.	Attested photocopies of all MBBS Professional Marks Sheets (Consolidated OR Annual/Supplementary)	
8.	Attested photocopy of Valid PMDC	
9.	Attested Photocopies of House Job Certificates	
10.	Attested photocopy of FCPS Part I & IMM & FCPS II (Congratulation Letter)	
11.	Attested photocopy of RTMC / Enrollment Card	
12.	Attested Photocopy of Residency OR Postgraduate experience Certificates	
13.	Attested photocopies of Letter of Recommendations / Testimonials	
14.	Attested copies of Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) certificates.	
15.	NOC for Government Employees / Deputation or EOL Letter from Ministry of Health.	
16.	Foreign Nationals are required to get Study Visa & Clearance from Interior Ministry before joining program.	
17.	Diploma in Cardiology applicants will need to submit admission fee (Non-Refundable) before joining the program.	