

MEDICAL EDUCATION DEPARTMENT

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APPLICATION FORM FOR POSTGRADUATE & FELLOW DOCTORS

POSITION APPLIED FOR (SELECT ONE ONLY)													
☐ FCPS PG	☐ CLI	NICAL FELLO	w \square	POST FELLOW	V I	☐ DIP. CARD. PG							
	DIOLOGY	S CARDIOLOGY	OLOGY										
□ CLINICAL CARDIAC EP □ CARDIAC IMAGING □ CRITICAL CARE MEDICINE □ EMERGENO													
□ PAEDS CARDIAC SURGERY □ PAEDS CARDIAC ICU □ INTERVENTIONAL CARDIOLOGY TRAINING CENTRE (SELECT ONE ONLY)													
□ KARACHI	SICVD CENTRE:		·		☐ TANDO M KHA	N D OTHERS:							
APPLICANT'S PERSONAL INFORMATION													
Name: Gender:													
Father's Name	:				Date of	Birth:							
Mobile#:		Н	lome#:		Email ID:								
Nationality:		Re	eligion:		Marital S	Marital Status:							
CNIC# <u>I I</u>	-	<u> </u>	<u> </u>	<u>l_l</u>	Domicile:								
Postal Address:													
Permanent Address:													
District : Province:													
ACADEMIC INFORMATION													
CERTIFICATE OI DEGREE	BOARD OR	BOARD OR UNIVERSITY		SEAT NO.	NO. OF ATTEMPTS	MARKS OBTAINED OUT OF TOTAL MARKS							
Matriculation													
Intermediate													
Graduation (MBBS)													
Post-Graduation	n												
PMDC#			PMDC Expiry:			IMM Exam							
BLS Certified	☐ Yes	□ No	Valid till:		□ Passed □								
ACLS Certified	I □ Yes	□ No	Valid till:		Appearing M	lonth:							
EXPERIENCE RECORD (INCLUDING HOUSE JOB)													
Position/Design	. Subject/Fie	ld/Specialty	From	То	Total Period	Institute							

RECENT EMPLOYMENT / TRAINING DETAILS												
Currently Employed:		☐ Yes	□ No	Duration:	Duration:l		_ To	_ll	I			
If Yes	☐ Govt.	☐ Private	□ Self	Reason of leav	ving: (Also at	tach Resignat	ion/Relievin	 ıg/Termir	nation 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: Relation:												
Mobil	e #:				I	Home Phone	#:					
				UNDERTAK	ING							
				ONDENTAR	IIVO							
 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. I will not work anywhere else during my training program. I will not indulge in any political activity, including unionism or political groupings. 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. 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. 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. 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. Dated:												
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1.	02 Passport size			•	la C:al a a a 4	+ + I\						
2.	01 Computerized National Identity Card Photocopy. (Both Sides attested).											
3. 4.	Complete updated Curriculum Vitae (CV).											
5.	Attested Photocopy of Domicile & PRC											
6.	Attested Photocopies of Matric & Intermediate certificates. Attested photocopy of Medical (Graduation) Degree											
7.												
8.	Attested photocopies of all MBBS Professional Marks Sheets (Consolidated OR Annual/Supplementary) Attested photocopy of Valid PMDC											
9.	Attested Photocopies of House Job Certificates											
10.	Attested Photocopies of House Job Certificates Attested photocopy of FCPS Part I & IMM & FCPS II (Congratulation Letter)											
11.	Attested photocopy of PCPS Part 1 & IIVINI & PCPS II (Congratulation Letter) 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. Diploma in Cardiology applicants will need to submit admission fee (Non-Refundable) before joining the program.											
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