

Test will be conducted on 14.01.2026 at 08:00 AM
Interview will be held on the same date after test (only passing Candidates)

CAPITAL DEVELOPMENT AUTHORITY
CAPITAL HOSPITAL ISLAMABAD

APPLICATION FORM FOR POSTGRADUATE TRAINEE
(Radiology, Pediatric, Cardiology, Dermatology Surgery, & Orthopedic)

Photograph

Date of Passing FCPS Part – I _____ Discipline _____

SPECIALTY APPLIED FOR _____

PARTICULARS OF CANDIDATE

Name of the Candidate _____

Father's name/Husband name _____

Date of birth _____ Domicile _____ Nationality _____

CNIC No. _____ Mobile No. _____

PMDC No. _____ Valid upto _____

ACADEMIC RECORD

Examination Passed	Year of Passing	Division or Class	Marks in the Examination		Name of the Board/University
			Max. Marks	Marks Obtained	
Matric					
F.Sc					
MBBS (Final Year)					

DETAILS OF EXPERIENCE

(a) Pre FCPS Part- I

S. No.	Job	Specialty	Duration	Institution
i.	i. House Job			
ii.				
iii.				
iv.				
v.				

(b) Post FCPS Part- I

S. No.	Job	Specialty	Duration	Institution

PTO

GENERAL

- i. Have you ever been removed or expelled from any Institution? _____ Yes No _____
- ii. Name of the Institution _____
- iii. Year _____ Period of removal/expulsion _____
- iv. Reason for punishment _____
- v. Any disciplinary action other than removal/expulsion taken against you like fines, compulsory migration etc. _____ Yes _____ No
- vi. Have you ever been convicted? _____ Yes _____ No
- vii. Are you suffering from any illness or disability? _____ Yes _____ No

I hereby solemnly declare that:-

- i) I have not completed Postgraduate Training in any other institution/hospital.
- ii). I will abide by the Statues, Regulations and Rules etc of Hospital and Doctor Hostel framed by the Capital Hospital, Islamabad from time to time.
- iii). I will maintain good behavior and pay all dues regularly. I will attend my duty in proper uniform (white coat)
- iv). I will work diligently and maintain the dignity and prestige of the Capital Hospital, Islamabad both in and outside the Hospital.
- v). I will be a full time and regular trainee of the Capital Hospital and shall not accept any employment for the duration of the training and I will pay one month's stipend in lieu of notice period.
- vi). I will not become member of any Association/Political organization or indulge in political activity/strike which may harm patient or Hospital discipline.
- vii). I will follow all the **Terms & Conditions** provided by the institution/department.
- viii). The information given in the Application Form is correct to the best of my knowledge and belief. And if anything is found incorrect or in case of violation of rules/regulation Capital Hospital Islamabad will have the right to terminate my Postgraduate Training without any notice.
- ix). In case I want to change my supervisor, I will be bound to give a three months prior notice to the hospital administration **OR** 03 months surrender stipend at the time of relieving.

Signature _____

Full Name _____

Dated: _____

Present Address

Permanent Address

DOCUMENTS (PHOTO COPIES) TO BE ATTACHED

- | | |
|--|---------------|
| a. Matric | Yes / No |
| b. F.Sc | Yes / No |
| c. MBBS | Yes / No |
| d. Final Professional | Yes / No |
| e. FCPS – I Result | Yes / No |
| f. Registration from PMDC | Yes / No |
| g. Domicile | Yes / No |
| h. National Identity card | Yes / No |
| i. Two recent photographs | Yes / No |
| j. Experience Certificate of General Medicine
(Only for Derma & Cardio) | -
Yes / No |

Note: Incomplete applications will not be entertain.