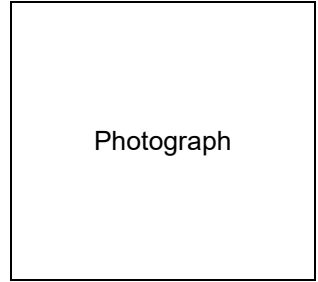


Interview will be held on the respective dates after test (only passing Candidates)

CAPITAL DEVELOPMENT AUTHORITY
CAPITAL HOSPITAL ISLAMABAD

APPLICATION FORM FOR POSTGRADUATE TRAINEE
(G. Medicine, Pediatrics, Radiology, Cardiology,
General Surgery, Gynecology & ENT)



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

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 Cardio) | -
Yes / No |

Note: Incomplete applications will not be entertain.