



QUAID-E-AZAM MEDICAL COLLEGE AND ALLIED HOSPITALS

Application form for Residency Training (for Part II FCPS/MCPS/MS)

Form Number (Office use only)		Paste Passport Sized Photograph Do not staple																		
Merit Number (Office Use Only)																				
Specialty Applied For																				
Institute from where graduated																				
Date of Graduation (MBBS) Month/Year	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
Date of application																				
Applicant Name																				
S/o, D/o, W/o		Date of Birth (DD-MM-YY) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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Passport Number (foreigners)		Nationality																		
PMDC Registration Number																				
Email Address																				
Telephone	(R)	(M)																		
District of Domicile																				
Mailing Address																				
Permanent Address (if different from above)																				



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Matric/Equivalent		Marks /	Percentage	Medals/Honors Distinctions		
FSc/Equivalent		Marks /	Percentage	Medals/Honors Distinctions		
Medical Graduation		MBBS / Equivalent: _____				
Professional	Marks	Percentage	Distinctions	University/College Position	Medal(s)	Attempt(s)
First	Part 1	/				
	Part 2	/				
Second	/					
Third	/					
Final	/					
House Job						
Hospital		Specialty			Duration	
Research Experience						
Date of Passing (FCPS/MS) Part 1						
Any prior Post Graduation Training Experience						
Department		Institute			Period	



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Preference Ranking of Supervisors/ Wards		
Rank	Preferred Supervisor	Ward
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Declaration	
<p>I do hereby solemnly declare that the information given by me in this application form is true and correct to the best of my knowledge and belief. I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned authorities. My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates at the time of interview. I will not claim benefit of any information which is not mentioned in the application form and is produced later on.</p> <p>I also understand that after the submission of application, if my application stands incomplete, wrongly filled, unsigned or misstated in the above replies, disciplinary action shall be taken against me under the rules.</p>	
Signature of the Applicant	Date

Official Use Only
Comments/Status



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- Documents to attach (Attested Photostat copies)

	Checklist
a. Matric Certificate	<input type="checkbox"/>
b. FSc Certificate	<input type="checkbox"/>
c. MBBS Degree	<input type="checkbox"/>
d. Result cards of all professional exams	<input type="checkbox"/>
e. Attempts certificate	<input type="checkbox"/>
f. Medals, positions and distinctions certificates (if applicable)	<input type="checkbox"/>
g. Part 1 result/exemption certificate	<input type="checkbox"/>
h. NIC/Passport	<input type="checkbox"/>
i. CPSP registration certificate (if applicable)	<input type="checkbox"/>
j. Domicile	<input type="checkbox"/>
k. PMDC registration	<input type="checkbox"/>
l. House Job Certificate	<input type="checkbox"/>

- Please note: No application shall be entertained without the above documents

To,
The Medical Superintendent,
B.V. Hospital Bahawalpur.

Subject: **JOINING REPORT AS POST GRADUATE RESIDENT** _____ **TRAINEE**

Respected Sir,

It is stated that I have been selected as Post Graduate Resident _____
Trainee in _____ vide Principal QAMC, order No. _____ dated ____ / ____ /
20_____ under supervision of _____ in the department of
_____ for completion of my training. Kindly accept my joining report with effect from _____/
20_____.

Please accept my joining report. I shall be highly grateful to you for acceptance of my joining report.

Thanking you in anticipation.

Recommended & forwarded to Medical Superintendent Yours obediently,
B.V. Hospital Bahawalpur

Dr. _____

PGR, Department of _____

B.V. Hospital Bahawalpur

Sign & Stamp of Supervisor

OFFICE OF THE MEDICAL SUPERINTENDENT
B.V. HOSPITAL, BAHAWALPUR

No. _____ B.V. Hospital the dated _____ / _____ / 20_____

Copy forwarded for information to:

1. The Principal, QMC BVH, JFH & SON Bahawalpur.
2. The Officer Incharge TMC, CPSP, 7th Central Street, Defense Housing Authority Phase 2nd, Karachi.
3. The Accounts Officer, B.V. Hospital, Bahawalpur.
4. Accountant of PGR, B.V. Hospital, Bahawalpur.
5. Concerned.

Medical Superintendent
B.V. Hospital Bahawalpur

PRP

JOINING REPORT

PIC

1- I, _____ S/O D/O W/O _____

R/O _____

PMDC # _____ Selected for FCPS-II / MS/MD Training via Central Induction Program of

PRP JANAUARY-2026.

I submit my consent for joining against a slot of _____.

On _____ at _____ Bahawalpur.

2- I will abide by the rules and regulations of the postgraduate Training Program of the Punjab Government notified list.

Signature of the Candidate: _____

Active Cell No.: _____

CNIC: _____

Email: _____

Are you working as Medical Officer / Women Medical Officer

(Regular) _____ (Adhoc) _____

Signature of the Head
of the Institution