

APPLICATION FORM FOR ANNUAL EXTENSION IN POSTGRADUATE TRAINING FOR THE PERIOD FROM _____ To _____

Request for extension in training of FCPS-II/MD/MS/MDS/M.Phil at KEMU, Mayo, Lady Willingdon & Lady Aitchison, Govt. Muhammad Nawaz Sharif, Govt. Said Mittha, Govt. Mian Munshi, Govt. Kot Khawaja Saeed Hospitals, Lahore.

PG Status: Honorary Paid Regular PGMOs/PGWMOs Paid from KEMU **Check Respective Box**

Name of P.G. Trainee _____ S/D/W/O, _____

Specialty _____ Unit- _____ Presently getting training in: _____

Sub-Specialty Group / Choice _____ EOL Period (if applicable) _____

Name of Supervisor: _____ CPSP Registration No. _____

PM&DC Registration No. _____ Valid Upto _____

Letter admission from KEMU (For MD/MS/MDS) (Photocopy must be attached) Synopsis' Status:- Approved / Not approved) from BOS/PEC/IRB/ASRB Dated _____

FCPS (Part-I) Passed in _____

Contact No. _____ Nationality: _____ Domicile: _____

NIC No. _____ Passport No. (In Case of foreigner) _____

Visa Validity date: _____ (copy attached) Police Report (photo copy must attached of all Documents)

Training Duration:

Four/Five /two year

 Training Received: _____

Remaining training period _____ Training started according to Joining Report: _____

Date of Completion of Requirement: _____

Signature of applicant: _____

Recommendations of concerned Supervisor: _____

I confirm that the applicant is registered with CPSP /KEMU under my Supervisor and his training will be completed on: _____

Name & Signature of the concerned Supervisor

Signature of the Head of the Department

NOTE:-

1. Application of those who have not yet chose their Supervisor and have not enrolled by CPSP/University will not be entertained and no stipend will be allowed:-
2. Incomplete and late submitted application will not be entertained.
3. Attach PM&DC/RTMC & Copy of Joining Report.