



KING EDWARD MEDICAL UNIVERSITY

Application form for Residency Training (for Part II FCPS) at KEMU and Allied Hospitals

FCPS Part II Program	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Main Speciality</td> <td colspan="3">Sub-Speciality</td> <td colspan="2">2nd Fellowship</td> </tr> <tr> <td style="text-align: center;">4 Years</td> <td style="text-align: center;">2 years</td> <td style="text-align: center;">3 years</td> <td style="text-align: center;">5 years</td> <td colspan="2" style="text-align: center;">2 Years</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td colspan="2"></td> </tr> </table> <p style="text-align: right;">Check any one</p>						Main Speciality	Sub-Speciality			2 nd Fellowship		4 Years	2 years	3 years	5 years	2 Years			<input type="text"/>	<input type="text"/>	<input type="text"/>										
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The applicant who has already worked as FCPS Part II Trainee, mention Details & mention remaining period	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Already worked as FCPS-II Trainee</td> <td rowspan="6" style="vertical-align: middle; text-align: center;">• Excluding leave period</td> </tr> <tr> <td style="text-align: center;">Years</td> <td style="text-align: center;">Months</td> <td style="text-align: center;">Days</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Institution Name</td> </tr> <tr> <td colspan="3">Remaining Period</td> </tr> <tr> <td style="text-align: center;">Years</td> <td style="text-align: center;">Months</td> <td style="text-align: center;">Days</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">RTMC No (RTMC attached)</td> <td colspan="2"></td> </tr> </table>				Already worked as FCPS-II Trainee			• Excluding leave period	Years	Months	Days				Institution Name			Remaining Period			Years	Months	Days				RTMC No (RTMC attached)					
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The Applicant who are Government Employee fill the following information and attached the relevant documents	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Regular <input type="checkbox"/></td> <td rowspan="4" style="vertical-align: middle; text-align: center;">From. _____ to _____. From . _____ to _____. From. _____ to _____. Check Any One</td> </tr> <tr> <td style="text-align: center;">Adhoc <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Deputation <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">EOL <input type="checkbox"/></td> </tr> </table>						Regular <input type="checkbox"/>	From. _____ to _____. From . _____ to _____. From. _____ to _____. Check Any One	Adhoc <input type="checkbox"/>	Deputation <input type="checkbox"/>	EOL <input type="checkbox"/>																					
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Fee Details	Amount Rs. _____ Bank Challan No. / Pay order No. _____ Date _____ Branch _____																															
Matric/Equivalent Percentage				Medals/Honors																												
FSc/Equivalent Percentage				Medals/Honors																												
Medical Graduation			MBBS / Equivalent: _____																													
Professional	Marks			Distinctions (if any)	Medal (s) (if any)	Attempt(s) (1 st / 2 nd /3 rd / 4 th)																										
	Obtained	Total	Percentage %																													
First Part I																																



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Second						
Third						
Final						
House Job						
Hospital		Specialty			Duration	
Research (if any) as Primary Author / as Co-Author/ as Case Report						
Date of Passing (FCPS/MRCP/FRCS) Part 1				Attempts		
Time lapse between MBBS and passing part 1						
WORK EXPERIENCE						
INSTITUTE / ORGANIZATION	DEPARTMENT	AS (JOB TITLE)	PERIOD			



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- The form is to be submitted to the assistant registrar academics according to the notified schedule.
- Lists of selected PG Trainees based on merit shall be displayed on the University Notice Boards as well as at the website www.kemu.edu.pk
- Documents to attach (Attested Photostat copies)
 - a. Matric Certificate
 - b. FSc Certificate
 - c. MBBS Degree
 - d. Result cards of all professional exams
 - e. Attempts certificate
 - f. Medals, positions and distinctions certificates (if applicable)
 - g. CPSP registration certificate
 - h. NIC/Passport
 - i. Part 1 result/exemption certificate
 - j. Domicile
 - k. PMDC registration
 - l. House Job Certificate
 - m. Three passport size photographs
 - n. Original Challan/ Fee receipt or pay order attached.

• Please note: No application shall be entertained without the above documents **DECLARATION**

I solemnly declare that:

I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at King Edward Medical University, Lahore.

I am not suffering from any infectious disease.

I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.

I have read and understood the University's cancellation and refund policy.

I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake to:

A) Abide by the Statutes, regulations (including the Code of Honour of Students, of University Calendar 2007 * Vol. 1) and rules etc. framed by the University of the Department / Institute/Centre/College from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.

B) I accept as a condition of my admission the authority of the University that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor /Director/Chairman/Principal of the Department/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre /College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the Department/Institute/Centre/College without any further notice to me.

C) Not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.

D) I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.

E) Show good behaviour ;

F) Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;

G) Pay in time all dues and fine, if any;

Signature of the Applicant

OFFICIAL USE ONLY

Comments/Status



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Candidates are directed to fill up the below address bars for further correspondence with the University.

Name _____

Father Name _____

Address _____

Mob. No. _____

Landline No. _____

Name _____

Father Name _____

Address _____

Mob. No. _____

Landline No. _____

Name _____

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Address _____

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Note: Applicant is directed to fill below information.

Name	Father's Name	DOB	Name of Graduation Institute	Date of Passing MBBS/Equivalent	Marks in percentage (Obtained/Total*100)					Attempts				
					First Part-I	First Part-II	Second	Third	Final	First Part-I	First Part-II	Second	Third	Final

Distinction (if any)	Medal (if any)	Date of passing FCPS-I	KEMU Graduate (Yes/NO) If yes, details	House job from attached Hospitals of KEMU(Yes/No) if Yes, details	Research (if any) as Primary Author / as Co-Author/ as Case Report	Experience(if any)