



# KING EDWARD MEDICAL UNIVERSITY

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

Form No. (Office use only)					Paste Passport Size Photograph Do not staple						
Merit No. (Office use only)											
Specialty applied for											
Institute from where graduated											
Date of graduation (MBBS) Month/Year											
Time since Graduation	Months		Years								
Applicant's Name											
S/o, D/o, W/o				Date of birth (DD-MM-YY)							
NIC No.											
Passport No (only for foreigners)				Nationality							
Gender (Male/ Female)				Marital status (Single/ Married)							
PM&DC Registration No.											
Email Address											
Telephone No.	(Res.)					(Mobile)					
District of Domicile											
Present address											
Permanent mailing address (if different from above)											



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FCPS/MS/MD/MDS Program	Total Training Duration=																								
	Main Speciality		Sub-Speciality		2 <sup>nd</sup> Fellowship																				
The applicant who has already worked as FCPS/MS/MD/MDS Trainee, mention Details & mention remaining period	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Already worked as FCPS/MS/MD/MDS 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> </table>				Already worked as FCPS/MS/MD/MDS Trainee			• Excluding leave period	Years	Months	Days				Institution Name			Remaining Period			Years	Months	Days	RTMC/PMDC No (Copy attached)	
Already worked as FCPS/MS/MD/MDS Trainee			• Excluding leave period																						
Years	Months	Days																							
Institution Name																									
Remaining Period																									
Years	Months	Days																							
The Applicant who are Government Employee fill the following information and attached the relevant documents	Regular <input type="checkbox"/> Adhoc <input type="checkbox"/> Deputation <input type="checkbox"/> EOL <input type="checkbox"/>		From. _____ to _____. From . _____ to _____. From. _____ to _____. <p style="text-align: right;">Check Any One</p>																						
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 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> / 4 <sup>th</sup> )																			
	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](http://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



# **KING EDWARD MEDICAL UNIVERSITY**

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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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Mob. No. \_\_\_\_\_

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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)