

CAPITAL DEVELOPMENT AUTHORITY  
CAPITAL HOSPITAL ISLAMABAD

**APPLICATION FORM FOR POSTGRADUATE TRAINEE**

Photograph

Date of Passing FCPS Part –I \_\_\_\_\_ Discipline \_\_\_\_\_

SPECIALITY APPLIED FOR \_\_\_\_\_

**PARTICULARS OF CANDIDATE**

Name of the Candidate \_\_\_\_\_

Father's name/Husband name \_\_\_\_\_

Date of birth \_\_\_\_\_ Domicile \_\_\_\_\_ Nationality \_\_\_\_\_

**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	Speciality	Duration	Institution
	i. House Job			

(b) **Post FCPS Part- I**

S. No.	Job	Speciality	Duration	Institution

**GENERAL**

- a. Have you ever been removed or expelled from any Institution? \_\_\_\_\_ Yes No \_\_\_\_\_
  - i. Name of the Institution \_\_\_\_\_
  - ii. Year \_\_\_\_\_ Period of removal/expulsion \_\_\_\_\_
  - iii. Reason for punishment \_\_\_\_\_
  - iv. Any disciplinary action other than removal/expulsion taken against you like fines, compulsory migration etc. \_\_\_\_\_ Yes \_\_\_\_\_ No
  - v. Have you ever been convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - vi. 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.
  - i. 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.
  - ii. I will not become member of any Association/Political organization or indulge in political activity/strike which may harm patient or Hospital discipline.
  - iii. 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 with out any notice.
  - iv. 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

\_\_\_\_\_  
National Identity Card Number

Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No. \_\_\_\_\_

Permanent Home 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 – part-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