

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