

MEDICAL EDUCATION DEPARTMENT

Affix your Recent Photograph Here

APPLICATION FORM FOR POSTGRADUATE & FELLOW DOCTORS

| POSITION APPLIED FOR (SELECT ONE ONLY) | | | | | | | | | | | |
|---|--|-----------------|----------------|--------------------|--------------------------------------|--|--|--|--|--|--|
| ☐ FCPS PG | ☐ CLINICAL FELLOW | ■ POST FELLOW | ☐ DIP. | CARD. PG I | ☐ PG TRAINEE (PAEDS) | | | | | | |
| □ ADULT CARDIOLOGY □ CARDIAC SURGERY □ PAEDS CARDIOLOGY □ ANESTHESIA | | | | | | | | | | | |
| | ☐ CLINICAL CARDIAC EP ☐ CARDIAC IMAGING ☐ CRITICAL CARE MEDICINE ☐ EMERGENCY ☐ PAEDS CARDIAC SURGERY ☐ INTERVENTIONAL CARDIOLOGY | | | | | | | | | | |
| TRAINING CENTRE (SELECT ONE ONLY) | | | | | | | | | | | |
| □ KARACHI SICVD CENTRE: □ SUKKUR □ LARKANA □ HYDERABAD □ TANDO M KHAN □ OTHERS: | | | | | | | | | | | |
| APPLICANT'S PERSONAL INFORMATION | | | | | | | | | | | |
| Name: | | | - | | : | | | | | | |
| Father's Name: | | | | Date of | Birth: | | | | | | |
| Mobile#: | | Home#: | | Email ID: | | | | | | | |
| Nationality: | | Religion: | | Marital Status: | | | | | | | |
| CNIC# I_I | - | <u> </u> | · <u> </u> | Domicile | Domicile: | | | | | | |
| Postal Address: | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Permanent Address: | | | | | | | | | | | |
| District : | District : Province: | | | | | | | | | | |
| | | ACADEMIC IN | IFORMATION | | | | | | | | |
| CERTIFICATE OF DEGREE | BOARD OR UNIVERS | YEAR OF PASSING | SEAT NO. | NO. OF ATTEMPTS | MARKS OBTAINED OUT OF TOTAL MARKS | | | | | | |
| Matriculation | | | | | | | | | | | |
| Intermediate | | | | | | | | | | | |
| Graduation (MBBS) | | | | | | | | | | | |
| Post-Graduation | | | | | | | | | | | |
| PMDC# | | PMDC Expiry: | | | IMM Exam | | | | | | |
| BLS Certified | □ Yes □ | No Valid till: | | | ☐ Failed ☐ Not Appeared | | | | | | |
| ACLS Certified | □ Yes □ | No Valid till: | | Appearing N | lonth: | | | | | | |
| EXPERIENCE RECORD (INCLUDING HOUSE JOB) | | | | | | | | | | | |
| Position/Design. | Subject/Field/Specia | alty From | То | Total Period | Institute | | | | | | |
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| RECENT EMPLOYMENT / TRAINING DETAILS | | | | | | | | | | |
| Curre | ntly Employed: | ■ Yes | □ No | | _ll Tol | | | | | |
| If Yes | : Govt. | ☐ Private | □ Self | Reason of leav | ring:(Also attach Resignation/Relieving/Termination le | etter) | | | | |
| Name | e of Organization: | : | | | | | | | | |
| Contact Details: Address: | | | | | | | | | | |
| LIST TWO (02) REFERENCES NOT RELATED TO YOU | | | | | | | | | | |
| Name | j: | | . , | Occupation: | Contact#: | | | | | |
| Name | : : | | | Occupation: | Contact#: | | | | | |
| CONTACT PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | | | | | | | | | |
| Name | 2: | | | | Relation: | | | | | |
| IVallic | | Name in Block Let | ters | | Kelation | | | | | |
| Mobi | le #: | | | | Home Phone #: | | | | | |
| | | | | UNDERTAK | NG | | | | | |
| | | | | ONDENTAR | | | | | | |
| I will abide by all rules and regulations enforced at National Institute of Cardiovascular Diseases, Karachi at present and those which may be enforced at any time in the future. I will not work anywhere else during my training program. I will not indulge in any political activity, including unionism or political groupings. I will protect and preserve the property of NICVD at all the times and will make all efforts to prevent others from causing any damage or destruction to the Institute's property. I understand that in case of disciplinary/ethical misconduct or inadequate performance either in clinical or in examination, the concerned authority can review my performance and make recommendation including termination of training. If I am found involved in any unlawful activity in contravention of the above terms and conditions at any stage during my training at NICVD, the Institute will have the right to terminate my training. I solemnly declare that the information provided by me on this Application Form is complete and accurate to the best of my knowledge. I understand that declaration of any false or misleading information will result in immediate cancellation of my admission and termination from the Institute. Dated: | | | | | | | | | | |
| ir | nmediate cancell | nowledge. I und ation of my ad | mation proderstand th | ovided by me or hat declaration d termination fr | n this Application Form is complete and accura of any false or misleading information will res om the Institute. | te to | | | | |
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