



# Dow University of Health Sciences

Baba-e-Urdu Road, Karachi, PAKISTAN

http://www.duhs.edu.pk

Tel : +92(0)21 99215754-7

+92(0)21 32732194

E-mail : admissions@duhs.edu.pk

Batch: **2016-A**

Please Affix Photograph here

## Application Form for Postgraduate Training

FCPS-II

**Form-A1:**  
Department of Postgraduate Studies

For Official use only

Registration #				
1	1	-		
Roll#				

Apply for 2 Years  4 Years   
only for General Surgery / General Medicine

### Part 1 Your Application

1.1 Subject you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes 'go to part 6)
1.2 Whether your chosen subject falls in the category of Sub-specialty? (Put a ✓ in the relevant box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes 'go to part 8)
1.3 Are you in (Govt.) Service? (Put a ✓ in the relevant box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes 'go to part 7)
1.4 Have you been registered in CPSP as FCPS-II trainee? (Put a ✓ in the relevant box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes 'go to part 8)

### Part 2 About you

2.1 Your Full Name (in BLOCK capital)	<input type="text"/>		
2.2 Gender (Put a ✓ in the relevant box)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2.3 Date of Birth <input type="text"/>
2.4 Marital Status (Put a ✓ in the relevant box)	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	2.5 Father's Name <input type="text"/>
2.6 Your Nationality & CNIC No:	<input type="text"/>	2.7 Domicile <input type="text"/>	<input type="text"/>

### Part 3 Your Education History

3.1 When have you passed your FCPS-I, Examination? (Mention Date, Attach copy of FCPS-I Pass letter),	<input type="text"/>	3.2 When & from where you have passed your Graduation? (Specify Year, Name of your College)	<input type="text"/>
3.3 Permanent Address →	<input type="text"/>		

### Part 4 Your Recognition as Medical Practitioner

4.1 Are you registered from Pakistan Medical & Dental Council (PMDC)? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes go to 4.2) (If No go to part 5)	4.2 Please give detail? →						
	<table border="1"> <tr> <th>Registration No:</th> <th>From</th> <th>To</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Registration No:	From	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration No:	From	To					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

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**Part 5** Must be fill this part carefully

You are already register in CPSP Yes  No

FCPS-II RTMC Registration # \_\_\_\_\_ Training Date: \_\_\_\_\_ Session \_\_\_\_\_  
 Institute: \_\_\_\_\_

**Note:** Wrong information will lead to termination the training program immediatly without assigning any notice

**Part 6** Internship/House Job

6.1 Please give detail?→	House Job	Subject	Date		Duration	Institution
			From	To		
	I					
	II					
	Any other relevant experience					

**Part 7** To be filled only by the applicant who have applied for Sub Speciality

7.1 Have you already completed first (02) years training period in major field? <small>(Put a ✓ in the relevant box)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes go to 6.2) (If No go to part 7)</small>	7.2 (If Yes) so, Where have you completed? <small>(Please specify name of the Institution)</small>	
7.3 When was the training commenced?		7.4 When was the training ended?	
7.5 Name of supervisor?		7.6 Do you have any valid evidence of the said training?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes please attach copy)</small>

**Part 8** To be filled only by the applicant who is in Government Service

8.1 In which Ministry/Govt. your service is?		8.2 When did you start this service? <small>(Please specify Date of Charge Assumption)</small>	
8.3 What is your current Designation & BPS?		8.4 Your current place of posting, Hospital, Unit/Ward <small>(District)?</small>	

**Part 9** Your Contact Details

Phone (Res):		Mobile:	
E-mail:			

**Part 10** Declaration

I do hereby apply for Postgraduate FCPS-II Training Program. The information I have given is complete and true to the best of my knowledge. I also declare that the photograph submitted with this form is a true likeness of myself. I hereby confirm that if my statements are wrong my selection may be cancelled by DUHS and In case there are changes in address and Phone Number. I will inform the Department.

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Applicant's Signature		Signature & Seal Chairman DPGS
Date		



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## Application Form for Postgraduate Training

FCPS-II

**Form-A2:**  
Department of Admission  
Cell

Please Affix  
Photograph here

For Official use only

Registration #

1	1	-			
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Roll#

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Apply for  
2 Years  4 Years   
only for General Surgery /  
General Medicine

### Part 1 Your Application

1.1 Subject you are applying for?

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1.2 Whether your chosen subject falls in the category of Sub-specialty?  
(Put a ✓ in the relevant box)

Yes  No   
(If Yes 'go to part 6)

1.3 Are you in (Govt.) Service?  
(Put a ✓ in the relevant box)

Yes  No   
(If Yes 'go to part 7)

1.4 Have you been registered in CPSP as FCPS-II trainee?  
(Put a ✓ in the relevant box)

Yes  No   
(If Yes 'go to part 8)

### Part 2 About you

2.1 Your Full Name  
(in BLOCK capital)

--

2.2 Gender  
(Put a ✓ in the relevant box)

Male  Female

2.3 Date of Birth

--

2.4 Marital Status  
(Put a ✓ in the relevant box)

Married  Unmarried

2.5 Father's Name

--

2.6 Your Nationality &

--

2.7 Domicile

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CNIC No:

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## Application Form for Postgraduate Training

FCPS-II

**Form-A3:**  
Department of  
Examination Cell

Please Affix  
Photograph here

For Official use only

Registration #

1	1	-			
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Roll#

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Batch: **2016-A**

**ADMIT CARD  
FCPS-II  
Entrance Test**

CANDIDATE'S COPY

*For Official use only*

Registration #					
1	1	-			

Subject

*For Official use only*

Roll #					

Name in Full (BLOCK LETTERS)

Father's Name (BLOCK LETTERS)

Address

CNIC No:  CELL #:

Please Affix Photograph here

Signature of Candidate \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Chairman  
Department of Postgraduate Studies



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Batch: **2016-A**

**ADMIT CARD  
FCPS-II  
Entrance Test**

DUHS COPY

*For Official use only*

Registration #					
1	1	-			

Subject

*For Official use only*

Roll #					

Name in Full (BLOCK LETTERS)

Father's Name (BLOCK LETTERS)

Address

CNIC No:  CELL #:

Please Affix Photograph here

Signature of Candidate \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Chairman  
Department of Postgraduate Studies

# INSTRUCTIONS

Application form must be completed in all respect. Incomplete application forms will not be processed.

The following documents are required:

Attested photocopies of:

1. FCPS-I pass letter
2. One year House Job Certificates
3. Consolidate Mark Sheet of MBBS
4. Matriculation Certificate
5. C.N.I.C.
6. Domicile
7. MBBS Degree
8. Valid PMDC Registration Certificate
9. Recent Passport photographs (Five attested from front, one from the back)
10. RTMC Registration Certificate if previously registered.

- All candidates are required to produce pay order of **Rs.25,000/-** in favour of "Dow University of Health Sciences", at the time of interview (refundable after completion of training), the same will be forfeited by DUHS if candidate does not join/complete training for any reason.
- Registration and Monitoring fee **Rs. 25,000/-** per year shall be charged.
- Two months salary will be deducted in case of left the FCPS-II Program.
- Candidates who have completed two years in General Medicine / Surgery are also eligible to apply in Gen. Medicine and Surgery.
- The questions will be **MCQ** (Single best type) with No Negative marking.
- In case of a tie regarding marks, Merit will be according to age with preference given to the elder candidate as per Sindh Government rule.
- Candidates applying for any sub specialty, must have completed two years mandatory training in the appropriate allied major subjects.
- Candidates if want to join sub-speciality after completion of two years in the appropriate allied major subject must appeared in the entry test again.
- Interview call is not a guarantee for selection.
- You are required to bring all relevant original documents for verification at the time of the interview.
- After selection / assignment of teaching unit you will have to join the unit within **03 days**. For government servants requiring deputation order, the joining period will be **15 days** and all government employees should have a **NOC** from the government by the time of interview.
- All candidates should ensure that joining report duly signed by Unit Chief, is submitted to Department of Postgraduate Studies within **03 days** of the interview and at CPSP within one month.
- Placement order will be issued after completion of all formalities.
- NO TA/DA will be given.
- The University does not take responsibility for providing accommodation.
- Entry test fee of **Rs. 3,000/-** submitted once can not be refunded under any circumstances.
- If a selected candidate requested to withdraw the admission on his / her reserved seat after submission of original documents a pay order of **Rs. 5,000/-** in favor of Dow University of Health Sciences will be charged as a penalty to return back his / her original documents.



# MAILING ADDRESS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL # \_\_\_\_\_ MOBILE # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TEL # \_\_\_\_\_ MOBILE # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TEL # \_\_\_\_\_ MOBILE # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TEL # \_\_\_\_\_ MOBILE # \_\_\_\_\_