**APPLICATION FORM**

**Fellowship in Interventional Pain Medicine**

Photograph

Name …………………………………………………………………. S/D/W ………………………………………………………….

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CNIC No.

Age …………………… Gender Male Female

Temporary Address …………………………………………………………………………………………………………………………………

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Permanent Address …………………………………………………………………………………………………………………………………

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Email ……………………………………………………. Contact # ……………………………………………………

**Current Working Details**

1. Position held ……………………………………………………………………………………………………………………
2. Institution ……………………………………………………………………………………………………………………….
3. Experience ………………………………………………………………………………………………………………………

PMC Reg. No. ……………………………………………. Date of Expiry ………………………………

**Professional Qualifications**

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| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Grade / Division** |
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**Objectives for enrollment in this program**

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Signature of Candidate Date

**CHECKLIST FOR APPLICATION**

1. Copy of CNIC.
2. Two passport size Photographs with blue/white background.
3. Matric/A Level degree
4. F.sc/O level Degree
5. MBBS Degree/Transcript
6. Domicile
7. Experience Letter if any
8. Valid PMC certificate.
9. Fee (bank draft in the favor of Vice Chancellor, RMU)
10. Application is duly signed and all columns are filled.

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| Rmu logo Rizwan | **Rawalpindi Medical University Rawalpindi** | |  | Roll No: \_\_\_\_\_\_\_ | |
|  |  |  |  | (Office use only) | |
|  |  |  |  |  |
|  | **ADMITTANCE CARD**  **(FOR CANDIDATE)** | |  |  |  |
| Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Please Paste |  |
| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | photograph here |  |
| Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | attested from Back |  |
|  | side (3X3 cm) |  |
| Subjects / Specialty in which to be examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | with blue background |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
| **Controller of Examinations** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited inthe Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Candidate**

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| --- | --- | --- | --- | --- | --- |
| Rmu logo Rizwan | **Rawalpindi Medical University Rawalpindi** | |  | Roll No: \_\_\_\_\_\_\_ | |
|  |  |  |  | (Office use only) | |
|  |  |  |  |  |
|  | **ADMITTANCE CARD**  **(FOR SUPERINTENDENT)** | |  |  |  |
| Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Please Paste |  |
| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | photograph here |  |
| Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | attested from Back |  |
|  | side (3X3 cm) |  |
| Subjects / Specialty in which to be examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
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| **Controller of Examinations** | | |
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**Signature of the Candidate**