**APPLICATION FORM**

Please Paste Photograph here attested from back side (3x3cm) with Blue Background

**Fellowship in Interventional Pain Medicine (2025)**

Photograph

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WhatsApp Contact #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CNIC:**

**Date of Birth.**

**Age:- \_\_\_\_ Gender:-** Male Female **Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temporary Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PermanentAddress:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Working Details:**

1. **Position Held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2.Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Experience Total Year After House Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **PMC Reg. No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Bank Draft Check No:**\_\_\_\_\_\_\_\_\_\_\_\_ **Bank Draft Amount: Rs.\_\_\_\_\_\_\_\_\_\_**
5. **Bank Draft** **Date:\_\_\_\_\_\_\_\_\_\_**

**Professional Qualifications:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Obtained Marks** | **Total Marks** | **Marks %** | **Experience Year** | **Designation Current Working Institution** |
|  | Matric/ A Level |  |  |  |  |  |  |  |
|  | FSC/ O Level |  |  |  |  |  |  |
|  | MBBS |  |  |  |  |  |  |

**Objectives for Enrollment in this Program**

|  |  |
| --- | --- |
| **Sr.#** |  |
| 1 |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate:\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_/2025

**CHECKLIST FOR APPLICATION:**

|  |  |
| --- | --- |
| 1. Attested Copy of CNIC. |  |
| 1. Six Passport Size Photographs with Blue Background All Picture Back Attested and stick to gum 2. **No Picture Stapled** |  |
| 1. Attested Matric/A Level degree. |  |
| 1. Attested F.sc/O Level Degree. |  |
| 1. Attested MBBS Degree/Transcript. |  |
| 1. Attested Domicile. |  |
| 1. Attested Experience Letter if any. |  |
| 1. Attested Valid PMC Certificate. |  |
| 1. Application Fee Rs. 3000/- (bank draft in favor of Vice Chancellor, RMU). 2. Both the blocks of the admit card are to be filled with signature. |  |
| 1. The application is duly signed, and all columns are filled. |  |

 **Rawalpindi Medical University, Rawalpindi**

Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR CANDIDATE)

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| Please Paste Photograph here attested from back side (3x3cm) with Blue Background |

Examination: Entrance Test For

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Controller of Examination**

**Note:** Cell/ Mobile Phones, palm tops, minicomputer, and any other electronic equipment likely to help the candidates are completely prohibited in the Examination Centre’s. Moreover Cell/Mobile Phones shall not be collected by the Centre superintendent or university administration at examination Centre.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate



**Rawalpindi Medical University, Rawalpindi** Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR SUPERINTENDENT)

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| Please Paste Photograph here attested from back side (3x3cm) with Blue Background |

Examination: Entrance Test For

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Controller of Examination**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate