KULSUM INTERNATIONAL HOSPITAL PGME – Critical Care Medicine Fellowship

APPLICATION FORM

Personal Information

Name			
Father Name			
Date of Birth			
Gender			
CNIC/Passport #			
Email			
Mobile			
Nationality			
Address			
Education			
Institute	Qualification	Year	Status

Experience

Designation	Organization	From	То

List of Research Articles					
	 				

Attachment Checklist

Hard copy of application form
Copies of mark sheets of all professional examinations.
Copy of MBBS Degree
Copy of valid PMDC/PMC registration
Copy of FCPS Part I from CPSP
Copy of FCPS Part II from CPSP
Copy of Residency Training Certificate
Updated CV
Research / Publication Article (if available)
Copy of CNIC / NICOP / Passport (page 1&2)
No objection certificate, if applicable
Recent passport size colored photograph
Proof of payment receipt of application fee.