

SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM FOR ADMISSIONS IN FCPS-II & MCPS



egistration No: (001151) Kindly not	reference.	Date	2023-04-02 13:23:41			
SPECIALITY	FCPS-II ORTHOPEDIC SURGERY					
	Person	al Detail				
Full Name			Fathers	Name		
test				dsf		
Gender	tal Status		Email			
Male	SI	NGLE		test@gmail.com		
Date of Birth	Domicile			CNIC Number		
0000-00-00	Jac	Jacobabad		88889-8986222-2		
Nationality		City				
dsf		sdf				
Mobile 1	M	obile 2	F	TIRST GENERATION		
sdf				No		
	Home A	Address				
	S	df				
	OTHER INF	ORMATION				
Graduate Form	N	IBBS Passing Year	r	House Job 1		
sdf	sdf			Surgery		
House Job 2	PMDC #			PMDC Valid Date		
Dentistry	dsf			0000-00-00		
Government / PVT Employee	FCPS-1 Status]	FCPS-1 Cleared Date		
PVT	Wating For Result			0000-00-00		
FOR	SUB-SPECIALIT	Y CANDIDATES	ONLY			
02-Years Complete in MED/SUR	Date of Completion		l	Date of Commmenced		
	0000-00-00			0000-00-00		
RTMC#	Certificate Issued			Training Institute		
	Name of S	Supervisor				

Student Signature:	
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Challan No: 001151 **Branch Copy**



Sindh Bank Limited Sindh Bank Limited
Timber Market Branch, Karachi (0315) A/C # 0315-387300-6101



Due Date:18-Apr-2023

udent C.N.I.G		_							
tudent Na	me ·	test							-
Tather's Na									
Course: FCF		G 51	PED	IC S	URG	GER	Y		
Detail Of Fees								A	moun
Application Pro	cessing	Fee							5000
Total Fee								-	5000
Rupees Five Th	ousand	Only							
The fee amount ca	ın be dep	osited in							
Γhe fee amount ca	n be dep	oosited in							
The fee amount ca	No./Ce:	Cash:							

Challan No: 001151 **SMBBIT Account's Copy**

SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAIMA INSTITUTE OF TRAIMA POST GRADUATE MEDICAL EDUCATION

Sindh Bank Limited Sindh Bank Limited
Timber Market Branch, Karachi (0315)

SINDH BANK

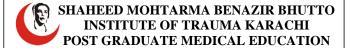
1 (6 # 0315 397300 6101 A/C # 0315-387300-6101



		D	ue I)ate:	18-	Apr	-2023
Student C.N.I.C #							
					I		
Student Name: test							
Father's Name: dsf							
Course: FCPS-II ORTHOPED	IC S	HRC	ERV	7			
Course. Ters-ir oktrior Eb	IC 5	ORC	ILIX .				
Detail Of Fees					Am	ount	
Application Processing Fee					50	000	
Total Fee					50	000	
Rupees Five Thousand Only							
Pay Order No./Cash:							
Bank Name:							
Receiving Branch			Dor	nocit:	or G	iana	ture
Stamp & Signature			Del	JUSIU	01 3	igna	tare
Stamp & Signature							
		De	eposi	itor	Nam	ne &	CNI
			1.00				12

Note: "No payment will be received after the expiry of the due date"

Challan No: 001151 Student's Copy



Sindh Bank Limited Sindh Bank Limited SINDHBANK Timber Market Branch, Karachi (0315)

A/C # 0315	387300-6101
	Due Date: 18-Apr-2023
Student C.N.I.C #	
Student Name: test Father's Name: dsf Course: FCPS-II ORTHOPEI	DIC SURGERY
Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000
Rupees Five Thousand Only	
The fee amount can be deposited in any S Pay Order No./Cash:	
Bank Name:	
Receiving Branch Stamp & Signature	Depositor Signature
	Depositor Name & CNIC

Note: "No payment will be received after the expiry of the due date"