



APPLICATION FORM
For Postgraduate Training Programs



Registration No: (001856) Kindly note this for future reference. Date: 2024-10-29 11:57:13

SPECIALITY

MCPS RADIOLOGY

Personal Detail

Full Name

Ramsha Siddiqui

Fathers Name

Muhammad aslam siddiqui

Gender

Female

Marital Status

SINGLE

Email

dr.ramsha_aslam@yahoo.com

Date of Birth

1993-08-01

Domicile

Karachi East

CNIC Number

42101-1131060-8

Nationality

pakistani

City

karachi

Mobile 1

03312092748

Mobile 2

03353370484

FIRST GENERATION

Yes

Home Address

d-147,phase 1,street1,naval housing scheem karsaz

OTHER INFORMATION

Graduate Form

MBBS

MBBS Passing Year

2017

House Job 1

Medicine

House Job 2

Surgery

PMDC #

73035-S

PMDC Valid Date

2029-08-10

Government / PVT Employee

PVT

FCPS-1 Status

FCPS-1 Cleared Date

0000-00-00

FOR SUB-SPECIALITY CANDIDATES ONLY

02-Years Complete in MED/SUR

Date of Completion

0000-00-00

Date of Commenced

0000-00-00

RTMC #

Certificate Issued

Training Institute

Name of Supervisor

Student Signature:

Challan No: 001856

SMBBIT Account's Copy



SHAHEED MOHTARMA BENAZIR BHUTTO
INSTITUTE OF TRAUMA KARACHI
POST GRADUATE MEDICAL EDUCATION

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



Due Date: 11-Nov-2024

Student C.N.I.C #

42101-1131060-8

Student Name: Ramsha Siddiqui

Father's Name: Muhammad aslam siddiqui

Course: MCPS RADIOLOGY

Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000
Rupees Five Thousand Only	

The fee amount can be deposited in any Sindh Bank Branch in Pakistan

Pay Order No./Cash: Rs 5000

Bank Name: _____

Receiving Branch Stamp & Signature: _____
Depositor Signature: Ramsha

Receiving Branch Stamp & Signature

Depositor Signature

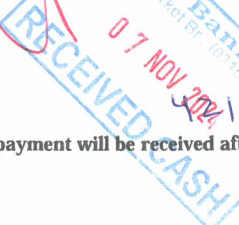
Receiving Branch Stamp & Signature

RAMSHA

Depositor Name & CNIC

42101-1131060-8

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



Challan No: 001856

Student's Copy



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