



APPLICATION FORM  
For Postgraduate Training Programs



Registration No:	(002283) Kindly note this for future reference.		Date	2025-04-23 13:17:43
SPECIALITY		FCPS-II ORAL & MAXILLOFACIAL SURGERY		
Personal Detail				
Full Name		Fathers Name		
KASHIF HUSSAIN		DR RASOOL BUX		
Gender	Marital Status		Email	
Male	SINGLE		kh239706@gmail.com	
Date of Birth	Domicile		CNIC Number	
1998-06-15	Thatta		41409-1246106-7	
Nationality	City			
PAKISTANI	THATTA			
Mobile 1	Mobile 2		FIRST GENERATION	
03108869549	03491287756		Yes	
Home Address				
PHASE 1 SOCIETY NEAR DUBAI STORE MAKLI THATTA				
OTHER INFORMATION				
Graduate Form		MBBS Passing Year	House Job 1	
BDS		2023	Dentistry	
House Job 2		PMDC #	PMDC Valid Date	
Dentistry		883598-02-D	2026-09-18	
Government / PVT Employee		FCPS-1 Status	FCPS-1 Cleared Date	
PVT		Passed	2025-02-07	
FOR SUB-SPECIALITY CANDIDATES ONLY				
02-Years Complete in MED/SUR	Date of Completion		Date of Commenced	
	0000-00-00		0000-00-00	
RTMC #	Certificate Issued		Training Institute	
Name of Supervisor				

Student Signature: \_\_\_\_\_

Challan No: 002283

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: 05-May-2025

Student C.N.I.C #

41409-1246106-7

Student Name: KASHIF HUSSAIN

Father's Name: DR RASOOL BUX

Course: FCPS-II ORAL & MAXILLOFACIAL SURGERY

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: \_\_\_\_\_

Bank Name: SINDH BANK LIMITED

Receiving Branch  
Stamp & Signature

Depositor Signature

Kashif Hussain  
41409-1246106-7

Depositor Name & CNIC

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