

Challan No: 002388

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 #

43203-8468761-3

Student Name: AMAN KUMAR

Father's Name: BANHO MAL

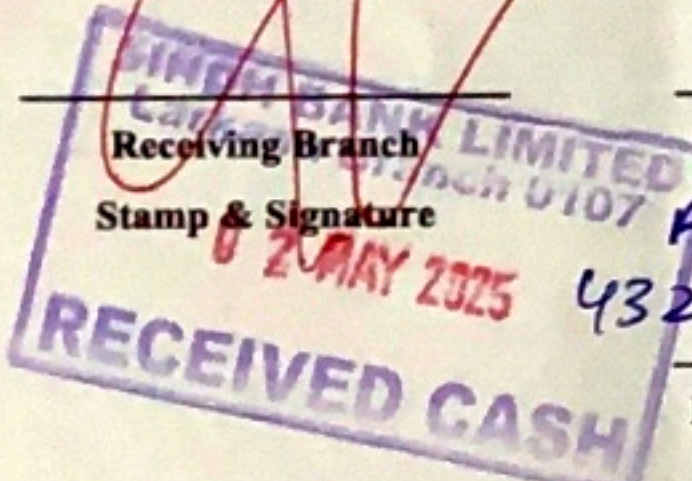
Course: FCPS-II ANAESTHESIOLOGY

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: 5000/-

Bank Name: Sindh Bank, LARKANA  
BRANCH.

  
Receiving Branch  
Stamp & Signature  
Depositor Signature  
AMAN KUMAR  
4320384687613  
Depositor Name & CNIC

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

Challan No: 002388

Student's Copy



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# SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

## APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002388) Kindly note this for future reference.	Date	2025-04-30 14:21:16
SPECIALITY	FCPS-II ANAESTHESIOLOGY		
Personal Detail			
Full Name		Fathers Name	
AMAN KUMAR		BANHO MAL	
Gender	Marital Status	Email	
Male	SINGLE	bajaj00046@gmail.com	
Date of Birth	Domicile	CNIC Number	
2000-03-13	Larkana	43203-8468761-3	
Nationality	City		
PAKISTANI	Karachi		
Mobile 1	Mobile 2	FIRST GENERATION	
03333905395		Yes	
Home Address			
Civil Lines Saddar, Karachi.			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
CHANDKA MEDICAL COLLEGE, SMBBMU, LARKANA.	2023	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	781405-02-M	2026-05-29	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Passed	2024-08-20	
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: \_\_\_\_\_