

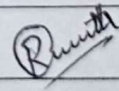


SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM
For Postgraduate Training Programs



Registration No:	(002422) Kindly note this for future reference.	Date	2025-05-02 09:37:32
SPECIALITY	FCPS-II ORTHOPAEDIC SURGERY		
Personal Detail			
Full Name		Fathers Name	
Rafique Ahmed		Ghulam Shabir	
Gender	Marital Status	Email	
Male	SINGLE	rafiqb082@gmail.com	
Date of Birth	Domicile	CNIC Number	
1996-10-15	Kashmore (formerly Kandhkot)	43503-0484539-5	
Nationality	City		
Pakistani	Kandhkot		
Mobile 1	Mobile 2	FIRST GENERATION	
03077611306	03077611306	No	
Home Address			
Village Sher Mohammad Bangwar Taulka Kandhkot			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
Khairpur Medical College MBBS Khairpur mirs	2022	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	749838-02-M	2025-06-22	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Passed	2023-11-22	
FOR SUB-SPECIALITY CANDIDATES ONLY			
02-Years Complete in MED/SUR	Date of Completion	Date of Commenced	
Yes	2025-01-23	2024-01-24	
RTMC #	Certificate Issued	Training Institute	
SGR-2024-221-16638	Yes	Shaheed Mohatarma Benazir Bhutto Medical University Larkana	
Name of Supervisor			
Prof Dr Yasmeen Bhatti			

Student Signature: 

Challan No: 002422

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 #

43503-0484539-5

Student Name: Rafique Ahmed

Father's Name: Ghulam Shabir

Course: FCPS-II ORTHOPAEDIC SURGERY

Detail Of Fee	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: _____

Receiving Branch
Stamp & Signature

Depositor Signature

Rafique Ahmed
43503-0484539-5

Depositor Name & CNIC

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

Challan No: 002422

Student's Copy



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Depositor Name & CNIC

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