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 Commmenced
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 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: _____

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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