



SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002454) Kindly note this for future reference.		Date	2025-05-03 19:13:29
SPECIALITY		FCPS-II ORAL & MAXILLOFACIAL SURGERY		
Personal Detail				
Full Name		Fathers Name		
SYEDA BUSHRA INAYAT		SYED INAYAT HUSSAIN RAJA		
Gender	Marital Status		Email	
Female	SINGLE		syeda.bushra@duhs.edu.pk	
Date of Birth	Domicile		CNIC Number	
1996-12-09	Korangi		42201-7724721-0	
Nationality	City			
PAKISTANI	KARACHI			
Mobile 1	Mobile 2		FIRST GENERATION	
03160297463			No	
Home Address				
K-403, PHASE-1, HAROON ROYAL CITY, BLOCK#17, JAUHAR				
OTHER INFORMATION				
Graduate Form		MBBS Passing Year	House Job 1	
BDS		2022	Dentistry	
House Job 2	PMDC #		PMDC Valid Date	
Dentistry	762334-02-D		2025-10-03	
Government / PVT Employee	FCPS-1 Status		FCPS-1 Cleared Date	
PVT	Passed		2024-11-19	
FOR SUB-SPECIALITY CANDIDATES ONLY				
02-Years Complete in MED/SUR	Date of Completion		Date of Commenced	
No	0000-00-00		0000-00-00	
RTMC #	Certificate Issued		Training Institute	
Name of Supervisor				
Syeda Bushra				

Student Signature: _____

Bushra

Challan No: 002454

SMBBIT Account's Copy



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

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

Due Date: 05-May-2025

Student C.N.I.C #

42201-7724721-0

Student Name: SYEDA BUSHRA INAYAT

Father's Name: SYED INAYAT HUSSAIN RAJA

Course: FCPS-II ORAL & MAXILLOFACIAL SURGERY

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

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

Pay Order No./Cash: CashBank Name: Sindh BankReceiving Branch
Stamp & Signature

Depositor Signature

Depositor Name & CNIC

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

RECEIVED CASH
05 MAY 2025

Challan No: 002454

Student's Copy



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