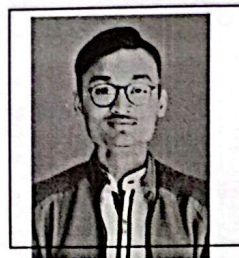




SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002482) Kindly note this for future reference.		Date	2025-05-04 17:27:01	
SPECIALITY		MCPS ANAESTHESIOLOGY			
Personal Detail					
Full Name			Fathers Name		
Rohit kumar			Jaipirkash		
Gender	Marital Status		Email		
Male	SINGLE		harani.rohit721@gmail.com		
Date of Birth	Domicile		CNIC Number		
1999-02-06	Tharparkar		44303-9396125-9		
Nationality	City				
Pakistani	Mithi				
Mobile 1	Mobile 2		FIRST GENERATION		
03360220721	03361123280		No		
Home Address					
Harani mohala near Malani house mithi Tharpakar					
OTHER INFORMATION					
Graduate Form		MBBS Passing Year		House Job 1	
MBBS		2023		Surgery	
House Job 2		PMDC #		PMDC Valid Date	
Medicine		799177-01-M		2026-05-25	
Government / PVT Employee		FCPS-1 Status		FCPS-1 Cleared Date	
PVT				0000-00-00	
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					
Rohit kumar					

Student Signature: _____

Rohit Harani

Challan No: 002482

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 #

44303-9396125-9

Student Name: Rohit kumar

Father's Name: Jaipirkash

Course: MCPS 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:

Bank Name:

Receiving Branch

Stamp & Signature

Depositor Signature

Depositor Name & CNIC

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