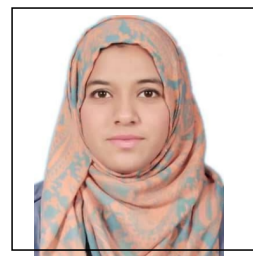




SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002536) Kindly note this for future reference.	Date	2025-05-05 17:44:14
SPECIALITY	FCPS-II EMERGENCY MEDICINE		
Personal Detail			
Full Name		Fathers Name	
Shahnila Javed		Muhammad Javed Malik	
Gender	Marital Status	Email	
Female	MARRIED	shahnila.javed25@gmail.com	
Date of Birth	Domicile	CNIC Number	
1992-10-25	Karachi South	42301-7507857-2	
Nationality	City		
Pakistani	Karachi		
Mobile 1	Mobile 2	FIRST GENERATION	
03025180972	03361857446	Yes	
Home Address			
H.no.1144, St.No.25,J-Block, sector 11 1/2, orangi			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2019	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	83173-S	2028-09-11	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Waiting For Result	0000-00-00	
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: _____

