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Pakistan Institute of Ophthalmology Al-Shifa Trust Eye Hospital Rawalpindi
APPLICATION FORM FOR FCPS Part-II PROGRAMME 2026

Date of Passing FCPS Part I: _____

Already registered with RTMC/CPSP: Yes or No _____

Any additional Qualification: If yes, mention _____

MBBS Done from (College Name & City) _____

Section A: Personal Information

(1) Name: Mr./Ms./Mrs. _____ Marital Status: MARRIED/UNMARRIED

(2) Date of Birth: ___/___/___ (DD/MM/YYYY) (3) Age _____ (4) Domicile /Province: _____

(5) Present District of Residence: _____ (6) Nationality: _____

(7) Father's / Husband's Name: _____ Profession: _____

(8) Present Address: _____

(9) Temporary Address: _____

(10) Contact No. _____ Email _____

(12) Are you presently employed? _____ If yes, indicate the Organization _____
Designation: _____

Section B: Academic Record (Please include all examinations taken)

Certificate/Degree	Year	Institution Attended
a) <u>MBBS</u>		
b) <u>House Job</u>		
c) <u>Work Experience</u>		
d) <u>Number of Presentations in a conference.</u>		
e) <u>Number of Publications in Ophthalmology journal</u>		
f) <u>Number of Publications in a journal (other fields)</u>		
(Please attach copies)		

Section C: Academic Distinctions

Merit Positions: _____ Scholarships: _____ Medals: _____ Any other distinction: _____

Section D: General

Were you ever removed or expelled from any College/Institution? If yes give details: _____

Indicate any other disciplinary action if taken against you: _____

Were you ever convicted by a Court of Law? If yes, give details: _____

Have you been a student of this Institute before? If yes give details: _____

If selected, would you require hostel accommodation at the Hospital?

Yes _____ No _____

DECLARATION BY THE CANDIDATE:

I hereby solemnly declare that:

- a) The information given in this Admission Form is correct to the best of my knowledge and belief and if anything is found incorrect, the Institute will have the right to cancel my admission and expel me from the Institute.
- b) I promise to:
 - i. abide by the Statutes, Regulations and Rules in force as framed or amended thereafter by the Institute from time to time;
 - ii. Will maintain good behaviour;
 - iii. work diligently and maintain the dignity and prestige of the Institute both on and off the Campus.
- c) I undertake to be a full-time and regular student of the Institute and shall not join any other Programme or accept any employment for the duration of the Programme registered. The in-service candidates are required to produce NOC/Study Leave duly sanctioned by the employers.
- d) I further undertake that I will not claim hostel accommodation as a matter of right if admitted in the Institute.
- e) I accept, as a condition of my Admission, the authority of the Institute to determine that if in the opinion of the Dean/DME, my stay is not conducive to the normal academic and community life on the campus, I will not hesitate to withdraw my name after being called upon me to do so, and my admission will be treated as cancelled.

Signature of the Candidate

INSTRUCTIONS FOR THE CANDIDATES

- 1. All entries in the form must be made in BLOCK LETTERS or must be typed.
- 2. Strike out what is not applicable, but do not leave any entry unfilled.
- 3. In case an entry does not apply to you, clearly write NOT APPLICABLE. In all other columns write the necessary information or write appropriate replies, such as yes, no, nil etc.
- 4. One attested copy of the relevant documents should accompany the applications:
 - a. All the degrees and certificates of education & experience.
 - b. All the detailed marks certificates of education.
 - c. Equivalence certificate from Higher Education Commission (HEC) in case of qualifications acquired from the Foreign Universities/Institutes.
 - d. Domicile certificate of the candidate.
 - e. No Objection Certificate (in case of in-service candidate).
 - f. National Identity Card of the Candidate.
 - g. National Identity Card of the Candidate's Father/Husband/Guardian.
 - h. PMDC Registration Form
 - j. Copies of Research Articles/Papers if any
- 5. Please attach bank draft/pay order for Rs. 2000/- in the name of Al -Shifa Trust Eye Hospital.

Note: No Documents/certificates will be accepted after the last date of submission of this application.