### SCHOOL OF POSTGRADUATE STUDIES



DOW UNIVERSITY OF HEALTH SCIENCES

#### FOR NEW FCPS-II POSTGRADUATE TRAINEES

Please submit the following documents in the School Postgraduate Studies:

- 1. Placement Order Two Photocopies.
- 2. Affidavit (Rs. 100/- Stamp Paper Original).
- 3. Photocopies of MBBS Degree, FCPS-I, PMDC, House Job, Sindh Domicile & CNIC.
- 4. Photocopy of refundable fee submission voucher.
- 5. Photocopy of document slip.
- 6. If you are already registered, then submit previous RTMC registration certificate.
- 7. RTMC Certificate (Two Photocopies).
- 8. You must have account in UBL Bank, Baba-e-Urdu Road Branch, Karachi.
- 9. Kindly submit your documents within a month either fresh RTMC is there or not.

### **UNDERTAKING**

		Date:
I Dr	S/o D/o	do
solemnly declare that:		
1- Government Servant		Yes / No
2- If yes please attach copies of no	otification / deputation order in det	ail
3- I also understand that DUHS ha	as inducted me as postgraduate tra	inee of FCPS-II
my training will be terminated for	th with if my statement is found fo	orge.
Student Signature:		
Supervisor Name:		
Mobile:		
CNIC:		
Email:		
A 11		



With Stamp

# **DOW UNIVERSITY OF HEALTH SCIENCES**School of Postgraduate Studies

### **JOINING REPORT**

Name:	S/o D/o
Designation:	Department / Ward:
Course Specialty:	Name of Institute:
Supervisor Name:	Mobile:
Date of Joining:	Address:
Signature Head of Department / Supervisor	PG's Signature
With Stamp	
à min de la company de la comp	SITY OF HEALTH SCIENCE hool of Postgraduate Studies
Sc.	
Sch	hool of Postgraduate Studies
School Johnson	hool of Postgraduate Studies OINING REPORT
Name: Designation:	hool of Postgraduate Studies  OINING REPORT S/o D/o
Name: Designation: Course Specialty:	hool of Postgraduate Studies  OINING REPORT  S/o D/o  Department / Ward:
Name: Designation: Course Specialty: Supervisor Name:	hool of Postgraduate Studies  DINING REPORT  S/o D/o  Department / Ward:  Name of Institute:
Name: Designation: Course Specialty: Supervisor Name:	hool of Postgraduate Studies  DINING REPORT S/o D/o Department / Ward: Name of Institute:  Mobile:



With Stamp

# **DOW UNIVERSITY OF HEALTH SCIENCES**School of Postgraduate Studies

### **JOINING REPORT**

Name:	S/o D/o
Designation:	Department / Ward:
Course Specialty:	Name of Institute:
Supervisor Name:	Mobile:
Date of Joining:	Address:
Signature Head of Department / Supervisor	PG's Signature
With Stamp	
in the second se	SITY OF HEALTH SCIENCE hool of Postgraduate Studies
Sch	
Sch	hool of Postgraduate Studies OINING REPORT
School Sc	hool of Postgraduate Studies
Name: Designation:	hool of Postgraduate Studies OINING REPORTS/o D/o
Name: Designation: Course Specialty:	hool of Postgraduate Studies  OINING REPORT  S/o D/o  Department / Ward:
Name: Designation: Course Specialty: Supervisor Name:	hool of Postgraduate Studies  OINING REPORT  S/o D/o  Department / Ward:  Name of Institute:
Name: Designation: Course Specialty: Supervisor Name:	hool of Postgraduate Studies  OINING REPORT  S/o D/o  Department / Ward:  Name of Institute:  Mobile:

## ANNEXURE – C (RULES)

>	You are only allowed 30 (Thirty) days leave in one calendar year, divided as 15 days in 06 months' session, subject to approval in writing from your supervisor.			
>	Female candidates may avail 90 (Ninety) days maternity leave (half stipend) during the course time but this deficit period will have to be completed (with half pay) in order to be eligible for grant of any experience certificate.			
>	The period of excess leave, if availed will have to be completed (without pay) before grant of any experience certificate.			
>	Permission will have to be taken from school of postgraduate studies before proceeding on rotation in any unit.			
>	General Policies / Rules of Postgraduate Training in DUHS are available on website www.duhs.edu.pk			
I _	S/o, D/o have			
rea	nd the above conditions and agree to abide by the same.			
Αc	count # UBL Branch, Baba-e-Urdu Road, Karachi.			
Mo	obile #			

SIGNATURE OF PG TRAINEE



## SCHOOL OF POSTRGRADUATE STUDIES DOW UNIVERSITY OF HEALTH SCIENCES

#### PG TRAINEE INFORMATION FORM FCPS-II

(KINDLY FILL ALL INFORMATION IN CAPITAL LETTERS)

SPECIALTY:					
PG NAME:					
FATHER NAME:		Photo			
APPOINTMENT DATE:					
DEPARTMENT:					
DATE OF JOINING: SUPERVISOR:					
PERMANENT ADDRESS:					
MOBILE: PTCL:	DOMICILE:				
CNIC:	_				
GENDER: MALE FEMALE	STATUS: PVT	GOVT			
LIKELY DATE OF COMPLETION OF TAINING:					
Signature PG Trainee	Signature HOD / With Stamp	Supervisor			