**APPLICATION FORM**

Staple Pic 3\*3

**Fellowship in Interventional Pain Medicine**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CNIC No.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  | **-** |  |  |  |  |

**Age:- \_\_\_\_ Gender:-** Male Female **Date of Birth.**

**Email: -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WhatsApp Contact #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domicile:- \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temporary & Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current Working Details**

1. Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PMC Reg. No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Obtained Marks** | **Total Marks** | **Marks %** | **Experience Year** |
|  | Matric/ A Level |  |  |  |  |  |  |
|  | FSC/ O Level |  |  |  |  |  |  |
|  | MBBS |  |  |  |  |  |  |

**Objectives for Enrollment in this Program**

|  |  |
| --- | --- |
| **Sr.#** |  |
| 1 |  |
| 2 |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate Date: \_\_\_\_/\_\_\_/2024

**CHECKLIST FOR APPLICATION:**

|  |  |  |
| --- | --- | --- |
| **S. No** | **Detailed** | **Yes/ No** |
|  | Attested Copy of CNIC. |  |
|  | Four Passport Size Photographs with Blue Background all Picture Back Attested. |  |
|  | Attested Matric/A Level degree. |  |
|  | Attested F.sc/O Level Degree. |  |
|  | Attested Copy of FCPS/MCPS/MS degree or MSc pain medicine degree |  |
|  | Attested MBBS Degree/Transcript. |  |
|  | Attested Domicile. |  |
|  | Attested Experience Letter if any. |  |
|  | Attested Valid PMC Certificate. |  |
|  | Application Fee (bank draft in the favor of Vice Chancellor, RMU). |  |
|  | Application is duly signed and all columns are filled. |  |
|  | The Last Page Admit Card Must be Filled and the image not be stapled, but paste it. |  |

 **Rawalpindi Medical University, Rawalpindi**

Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR CANDIDATE)

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| --- |
| Please Paste Photograph here attested from back side (3x3cm) with **Blue Background** |

Examination: Entrance Test For Fellowship in Interventional Pain Medicine

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­\_\_\_\_\_\_\_\_\_\_Fellowship in Interventional Pain Medicine\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller of Examination**

**Note:** Cell/ Mobile Phones, palm tops, minicomputer, and any other electronic equipment likely to help the candidates are completely prohibited in the Examination Centre’s. Moreover Cell/Mobile Phones shall not be collected by the Centre superintendent or university administration at examination Centre.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate



**Rawalpindi Medical University, Rawalpindi** Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR SUPERINTENDENT)

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| Please Paste Photograph here attested from back side (3x3cm) with **Blue Background** |

Examination: Entrance Test For Fellowship in Interventional Pain Medicine

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­\_\_\_\_\_\_\_\_\_\_Fellowship in Interventional Pain Medicine\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller of Examination**

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Signature of the Candidate