

Challan No: 001891

SMBBIT Account's Copy



SHAHEED MOHTARMA BENAZIR BHUTTO
INSTITUTE OF TRAUMA KARACHI
POST GRADUATE MEDICAL EDUCATION

Sindh Bank Limited
Timber Market Branch, Karachi (0315) SINDH BANK
A/C # 0315-387300-6101

Due Date: 11-Nov-2024

Student C.N.I.C #

4 2 1 0 1 - 7 1 5 1 4 8 7 - 0

Student Name: HAFIZA UMAIMA MAJID
Father's Name: SHEIKH ABDUL MAJID
Course: FCPS-II ORAL & MAXILLOFACIAL SURGERY

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: CASH
Bank Name: SINDH BANK LIMITED

SINDH BANK LIMITED
Hyderi Branch (0306) Karachi.
05 NOV 2024
CASH RECEIVED
Receiving Branch
Stamp & Signature

Depositor Signature
HAFIZA UMAIMA MAJID

42101-7151487-0
Depositor Name & CNIC

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

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Student's Copy



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APPLICATION FORM
For Postgraduate Training Programs



Registration No:	(001891) Kindly note this for future reference.	Date	2024-10-30 15:20:39
SPECIALITY	FCPS-II ORAL & MAXILLOFACIAL SURGERY		
Personal Detail			
Full Name		Fathers Name	
HAFIZA UMAIMA MAJID		SHEIKH ABDUL MAJID	
Gender	Marital Status	Email	
Female	SINGLE	umaimamajid27@outlook.com	
Date of Birth	Domicile	CNIC Number	
2024-08 1998-27	Karachi Central	42101-7151487-0	
Nationality	City		
PAKISTAN	KARACHI		
Mobile 1	Mobile 2	FIRST GENERATION	
03062085923	03012194342	Yes	
Home Address			
B-302,FLAT A AND Z COMFORTS,BLOCK H,NORTH NAZIMABA			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
BDS	2022	Dentistry	
House Job 2	PMDC #	PMDC Valid Date	
Dentistry	861575-02-D	2026-03-20	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Passed	2024-05-21	
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: _____