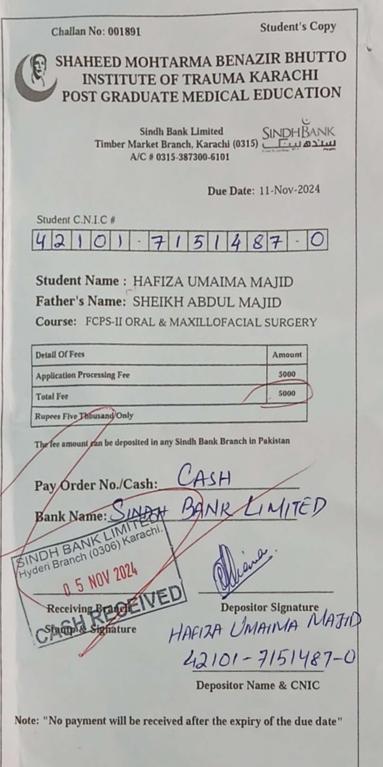


Note: "No payment will be received after the expiry of the due date"

Depositor Name & CNIC





SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



gistration 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	Fathers Name	
HAFIZA UMAIMA MAJID		SHEIKH ABDUL MAJID		
Gender	Marital Status		Email	
Female	SINGLE	uma	imamajid27@outlook.com	
Date of Birth	Domicile		CNIC Number	
19 392 + 06 -27	Karachi Central		42101-7151487-0	
Nationality	City			
PAKISTAN	KARACHI			
Mobile 1	Mobile 2	F	TRST GENERATION	
03062085923	03012194342		Yes	
	Home Address			
B-302,FLAT A	AND Z COMFORTS, BLOCK H, NO	RTH NAZIMA	BA	
	OTHER INFORMATION			
Graduate Form	MBBS Passing Ye	ar	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 CANDIDATE	SONLY		
02-Years Complete in MED/SUR	Date of Completion		Date of Commmenced	
	0000-00-00		0000-00-00	
RTMC#	Certificate Issued		Training Institute	
	Name of Supervisor			

Student Signature:

