

Challan No: 002018

SMBBIT Account's Copy



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

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



Due Date: 11-Nov-2024

Student C.N.I.C #

16101-8278785-1

Student Name: uzair ali

Father's Name: noor ul basar

Course: MCPS ANAESTHESIOLOGY

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: ASD

Bank Name: Sindh Bank



Receiving Branch
Stamp & Signature

Depositor Signature

Uzair
16101-8278785-1
Uzair Ali
Depositor Name & CNIC

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

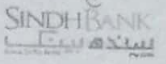
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Student's Copy



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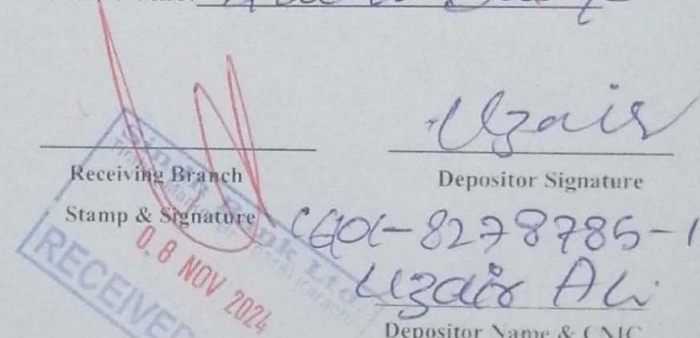
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APPLICATION FORM
For Postgraduate Training Programs

Registration No:	(002018) Kindly note this for future reference.	Date	2024-11-06 10:35:22
SPECIALITY		MCPS ANAESTHESIOLOGY	
Personal Detail			
Full Name		Fathers Name	
uzair ali		noor ul basar	
Gender	Marital Status	Email	
Male	SINGLE	uzairahmed347@gmail.com	
Date of Birth	Domicile	CNIC Number	
1995-11-09	Karachi East	16101-8278785-1	
Nationality	City		
pakistani	karachi		
Mobile 1	Mobile 2	FIRST GENERATION	
03352175210		No	
Home Address			
h#347 sector 8 block c baldia town karachi			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
mbbs	2022	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	749862-02-M	0000-00-00	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT		0000-00-00	
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: _____