



SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002100) Kindly note this for future reference.	Date	2024-11-08 15:00:26
SPECIALITY		FCPS-II EMERGENCY MEDICINE	
Personal Detail			
Full Name		Fathers Name	
SUMAN FATIMA		MUHAMMAD YOUNIS	
Gender	Marital Status	Email	
Female	SINGLE	sumanfatima311@gmail.com	
Date of Birth	Domicile	CNIC Number	
2000-06-18	Badin	41101-7726261-8	
Nationality	City	FIRST GENERATION	
PAKISTANI	BADIN		
Mobile 1	Mobile 2	No	
03352591479			
Home Address			
ward no 4 ALI TOWN NEAR VIRTUAL UNIVERSITY BADIN.			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2023	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	779086-02-M	2026-05-26	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Waiting For Result	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	
RIMC #	Certificate Issued	Training Institute	
	Name of Supervisor		

Student Signature: _____

Challan No: 002100

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 #

41101-7726261-8

Student Name: SUMAN FATIMA

Father's Name: MUHAMMAD YOUNIS

Course: FCPS-II EMERGENCY MEDICINE

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: _____

Bank Name: SINDH BANK

[Handwritten Signature]



Depositor Signature

41101-7726261-8
SUMAN FATIMA

Depositor Name & CNIC

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