

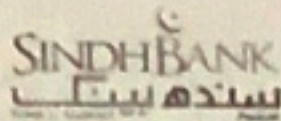
Challan No: 002101

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 #

43203-8468761-3

Student Name: Dr Aman Kumar

Father's Name: Banho Mal

Course: FCPS-II 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: _____

Bank Name: Sindh Bank Larkana Branch

Receiving Branch
Stamp & Signature

Depositor Signature

Aman Kumar

43203-84687613

Depositor Name & CNIC

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

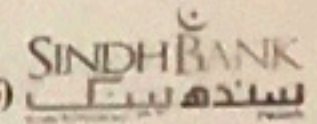
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Student's Copy



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SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA



APPLICATION FORM
For Postgraduate Training Programs

Registration No:	(002101) Kindly note this for future reference.	Date	2024-11-08 16:28:54
SPECIALITY	FCPS-II ANAESTHESIOLOGY		
Personal Detail			
Full Name		Fathers Name	
Dr Aman Kumar		Banho Mal	
Gender	Marital Status	Email	
Male	SINGLE	Bajaj00046@gmail.com	
Date of Birth	Domicile	CNIC Number	
2000-03-13	Larkana	43203-8468761-3	
Nationality	City		
Pakistani	Karachi		
Mobile 1	Mobile 2	FIRST GENERATION	
03333905395		Yes	
Home Address			
Bakshi Plaza, Civil Lines Saddar, Karachi			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
Chandka Medical College, SMBBMU, Larkana	2023	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	781405-02-M	2026-05-29	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
PVT	Passed	2024-08-20	
FOR SUB-SPECIALITY CANDIDATES ONLY			
02-Years Complete in MED/SUR	Date of Completion	Date of Commenced	
No	0000-00-00	2024-11-08	
RTMC #	Certificate Issued	Training Institute	
Nil	No	Nil	
Name of Supervisor			
Nil			

Student Signature: _____

A. Sani
10/11/24