

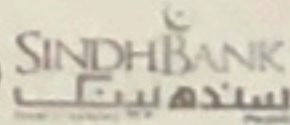
Challan No: 002153

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 #

42401-6494132-4

Student Name: IQRA MANZOOR

Father's Name: MANZOOR QADIR

Course: FCPS-II ANAESTHESIOLOGY

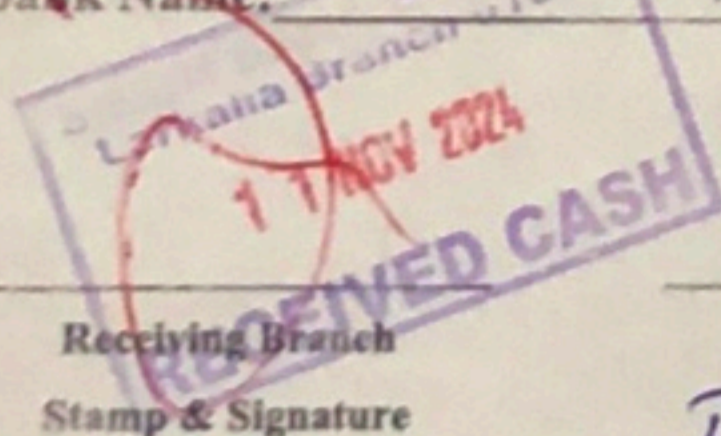
Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000
Rupees Five Thousand Only	

The fee amount can be deposited in any Sindh Bank Branch in Pakistan

Pay Order No./Cash:

Bank Name:

Sindh Bank LRK Br

Receiving Branch
Stamp & Signature

Depositor Signature

IQRA MANZOOR
4240164941324

Depositor Name & CNIC

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

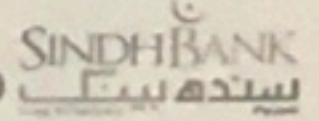
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Student's Copy



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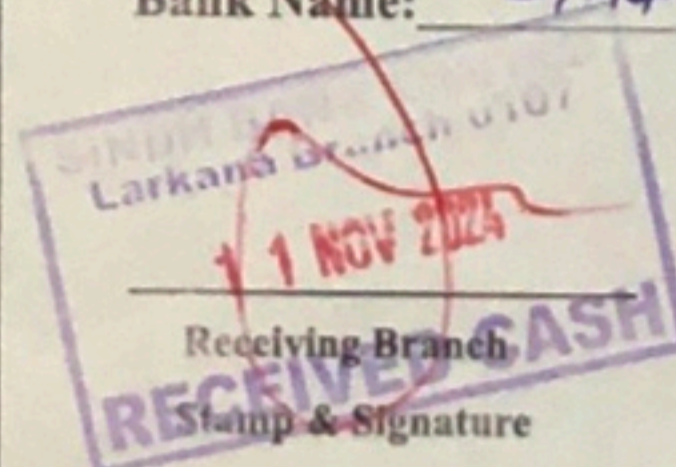
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SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM For Postgraduate Training Programs



Registration No:	(002153) Kindly note this for future reference.	Date	2024-11-10 17:58:40
SPECIALITY	FCPS-II ANAESTHESIOLOGY		
Personal Detail			
Full Name	Fathers Name		
IQRA MANZOOR	MANZOOR QADIR		
Gender	Marital Status	Email	
Female	SINGLE	iqramanzoor254@gmail.com	
Date of Birth	Domicile	CNIC Number	
1999-04-25	Karachi East	42401-6494132-4	
Nationality	City		
PAKISTANI	KARACHI		
Mobile 1	Mobile 2	FIRST GENERATION	
03040914132	03222073902	Yes	
Home Address			
R10 ROW5 BLOCKC NCHS GULSHAN E IQBAL 10A KARACHI			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2023	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	781778-02-M	2026-06-02	
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	
	0000-00-00	0000-00-00	
RTMC #	Certificate Issued	Training Institute	
Name of Supervisor			

Student Signature: _____

Iqra
10/11/24