SMBBIT Account's Copy

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

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

Due Date: 11-Nov-2024

Student C.N.I.C#

42201

Student Name: SAROSH FAHAM KHAN Father's Name: ASLAM ALI KHAN Course: FCPS-II ANAESTHESIOLOGY

Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000

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

Pay Order No (Cash:

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

Challan No: 002174

Student'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

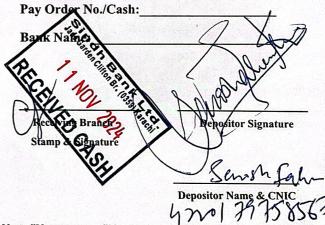
Student C.N.I.C #

220

Student Name: SAROSH FAHAM KHAN Father's Name: ASLAM ALI KHAN Course: FCPS-II ANAESTHESIOLOGY

Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000

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



SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORMFor Postgraduate Training Programs



istration No: (002174) Kindly note the		Date	2024-11-11 01:00:55	
SPECIALITY	FCPS-II ANAESTHESIOLOGY			
And the second s	Personal Detail			
Full Name			Fathers Name	
SAROSH FAHAM KHAN	I A		ASLAM ALI KHAN	
Gender	Marital Status		Email	
Male	SINGLE	khar	khanfahamsaroshkfs@gmail.com	
Date of Birth	Domicile		CNIC Number	
0000-00-00	Karachi East	processor of the second	42201-7975856-7	
Nationality	City	City		
Pakistani	Karachi			
Mobile 1	Mobile 2		FIRST GENERATION	
03313554570	03242312210		No	
	Home Address			
D-82, Pa	akistan Quarter, Nishtar road, Ga	rden west		
the state of the s	OTHER INFORMATION			
Graduate Form	Graduate Form MBBS Passing Year		House Job 1	
MBBS (DMC)	2023		Surgery	
House Job 2	PMDC#		PMDC Valid Date	
Medicine	780804-02-M		2024-05-08	
Government / PVT Employee	FCPS-1 Status		FCPS-1 Cleared Date	
PVT	Wating For Result		0000-00-00	
FOR SU	UB-SPECIALITY CANDIDAT	ES ONLY		
02-Years Complete in MED/SUR	Date of Completion		Date of Commmenced	
	0000-00-00		0000-00-00	
RTMC#	Certificate Issued		Training Institute	
			11.1	
V. And the second secon	Name of Supervisor	allocation a system of the		

Student Signature: