

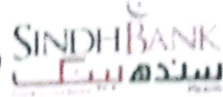
Challan No: 002105

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 #

45301-1784175-3

Student Name: muhammad ajmal jamil

Father's Name: jamil ahmed

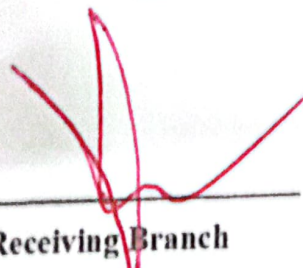
Course: MCPS RADIOLOGY

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: _____



Receiving Branch
Stamp & Signature



Depositor Signature

Muhammad Ajmal Jamil
45301-1784175-3

Depositor Name & CNIC

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

SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM
For Postgraduate Training Programs



Registration No:	(002185) Kindly note this for future reference.	Date	2024-11-11 09:51:02
SPECIALITY		MCPS RADIOLOGY	
Personal Detail			
Full Name		Fathers Name	
muhammad ajmal jamil		jamil ahmed	
Gender	Marital Status	Email	
Male	SINGLE	ajmaljamil1998@gmail.com	
Date of Birth	Domicile	CNIC Number	
1998-02-04	Naushahro Feroze	45301-1784175-3	
Nationality	City	FIRST GENERATION	
PAKISTANI	bhiria road		
Mobile 1	Mobile 2	Yes	
03002234476			
Home Address			
village dheengo po bhiria road taluka bhiria			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2021	Medicine	
House Job 2	PMDC #	PMDC Valid Date	
Surgery	713332-02-M	2026-07-21	
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	
RTMC #	Certificate Issued	Training Institute	
Name of Supervisor			

Student Signature: M. Ajmal Jamil