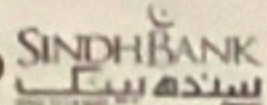


Challan No: 002188

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 #

43203-9715383-8

Student Name: Maira

Father's Name: Muhammad Pariyal

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 Branch



Maira
Depositor Signature

MAIRA

4320397153838

Depositor Name & CNIC

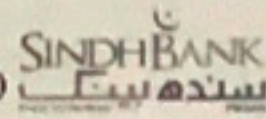
Note: "No payment will be received after the expiry of the due date"

Challan No: 002188

Student's Copy



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MAIRA

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SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM
For Postgraduate Training Programs



Registration No:	(002188) Kindly note this for future reference.	Date	2024-11-11 11:08:23
SPECIALITY	FCPS-II ANAESTHESIOLOGY		
Personal Detail			
Full Name		Fathers Name	
Maira		Muhammad Pariyal	
Gender	Marital Status	Email	
Female	SINGLE	mairamirani123@gmail.com	
Date of Birth	Domicile	CNIC Number	
1999-03-07	Larkana	43203-9715383-8	
Nationality	City		
Pakistan	Larkana		
Mobile 1	Mobile 2	FIRST GENERATION	
03073407443	03073407449	No	
Home Address			
House No 99 New Shaikh Zaid Colony Larkana			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2023	Surgery	
House Job 2	PMDC #	PMDC Valid Date	
Medicine	781280-02-M	2026-05-17	
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	
No	0000-00-00	0000-00-00	
RTMC #	Certificate Issued	Training Institute	
	No		
Name of Supervisor			

Student Signature: _____

Maira
11/11/24