

MCPS TRAINING REGISTRATION FORM FOR NEW TRAINEES



**COLLEGE OF
PHYSICIANS
AND SURGEONS
PAKISTAN**

Research
and Training
Monitoring
Cell

IMPORTANT: PROVIDE E-MAIL ADDRESS

(PRINT IN CAPITAL LETTERS)

DATE OF APPLICATION : _____

Speciality selected _____

DATE OF JOINING TRAINING _____

Personal Data

NAME											PASTE COLOUR PHOTO
FATHER'S / HUSBAND'S NAME											
DATE OF BIRTH											
NATIONAL IDENTIFICATION CARD NO.											
PRESENT MAILING ADDRESS <small>(Residential Only)</small>											
	TEL OFF.	TEL RES.	MOBILE								
	FAX	EMAIL									
PERMANENT ADDRESS <small>(If different from above)</small>											TEL RES.

QUALIFICATION(S)	YEAR OF PASSING	INSTITUTION

Institutional & Supervisor Data

NAME OF TRAINING INSTITUTION _____

NAME OF UNIT / DEPARTMENT _____

NAME OF CHOSEN SUPERVISOR WITH DESIGNATION _____

IMPORTANT NOTE IN FUTURE ALL COMMUNICATION WITH TRAINEES REGISTERED WITH RTMC WILL BE DONE THROUGH EMAIL FOR QUICK AND EFFECTIVE COMMUNICATION. IT IS ESSENTIAL THAT THE CANDIDATE SHOULD MENTION HIS/HER RTMC REGISTRATION NUMBER FAILING WHICH EMAIL/CORRESPONDENCE WILL NOT BE ENTERTAINED.

FOR REGISTRATION OF NEW TRAINEES

Undertaking

The information given by me in this form is entirely correct. I am fully aware of the fact that in case a candidate gives wrong information on any account, he/she is liable to punitive action by the CPSP, which may include cancellation of the registration and debarring from appearing in CPSP examinations for such period as may be specified by the CPSP.

I undertake to keep the CPSP informed of the progress of training from time to time, as required. I also undertake to inform CPSP promptly in case of transfer / change of supervisor, failing which the unregistered period of training is liable for cancellation besides imposing such penalty as may be specified by CPSP.

DATE:

SIGNATURE OF TRAINEE

Supervisor's Consent

NAME OF TRAINEE

INSTITUTION & DEPT.

I AM WILLING TO SUPERVISE THE ABOVE NAMED MCPS TRAINEE IN THE SPECIALITY OF

SIGNATURE OF HEAD OF INSTITUTION
& STAMP

SIGNATURE OF SUPERVISOR
& STAMP

DOCUMENTS TO BE ENCLOSED:

- 1 THREE COLOURED PHOTOGRAPHS (STANDARD PASSPORT SIZE) ONE PHOTOGRAPH TO BE ATTESTED IN FRONT AND PASTED IN THE BOX, TWO TO BE ATTESTED ON THE BACK. PHOTOGRAPHS SHOULD INDICATE NAME OF CANDIDATE IN CAPITAL LETTERS.
- 2 ATTESTED PHOTOCOPIES OF:
 - (I) M.B.B.S. DEGREE
 - (II) PMDC REGISTRATION CERTIFICATE (VALID)
 - (III) APPOINTMENT/PLACEMENT ORDER ISSUED BY INSTITUTION'S ADMINISTRATION DEPARTMENT
 - (IV) LETTER OF JOINING FROM THE DEPARTMENT
- 3 CHALLAN OF PAYMENT OF REGISTRATION FEES RS. 3000/- (NON REFUNDABLE)
- 4 DETAILS RELATED TO UNIT/SUPERVISOR:
 - (I) NO. OF TRAINEE REGISTERED WITH THE PROPOSED SUPERVISOR
 - (II) NO. OF BEDS IN THE RELEVANT UNIT
 - (III) FACULTY MEMBERS IN THE UNIT, DULY VERIFIED FROM THE HEAD OF INSTITUTE.

- NOTE**
1. INCOMPLETE APPLICATION WILL NOT BE PROCESSED
 2. THIS APPLICATION IS VALID FOR 1 MONTH ONLY. IF REJECTED/UNACCEPTED IT HAS TO BE RESUBMITTED WITH REGISTRATION FEES.

FOR OFFICE USE