



4th Surgical Mock Exam
FOR
FCPS-II Examinations
July 08 - 09, 2009

Reg. No _____

REGISTRATION FORM

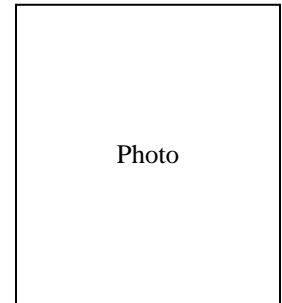
Dr. _____

F/H Name: _____ Marital Status: _____

NIC: _____ Date of Birth: _____

E-mail _____ RTMC Reg: _____

Postal Address: _____



Mobile: _____ Tel. (Res): _____

Institute: _____ Tel (Off): _____

Which Exam are you appearing FCPS _____

Please give receipt # of course fee _____ Fee date _____

Date: _____

Signature: _____

Note: Enclose the following Documents:

Receipt of Course Fee (The Course fee Rs 1,000/- in mode of cash)