



# College of Physicians & Surgeons Pakistan

Regional Centre Islamabad

## 4<sup>th</sup> MOCK Exam COURSE

For FCPS Examinations (Medicine)

**(July 20 – 24, 2009)**

Reg. No. \_\_\_\_\_

# REGISTRATION FORM

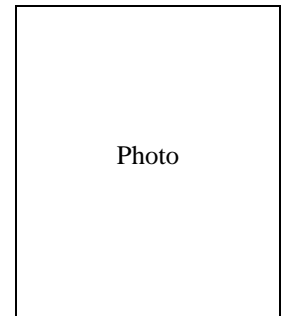
Dr. \_\_\_\_\_

F/H Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

NIC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail \_\_\_\_\_ Roll No: \_\_\_\_\_

Postal Address: \_\_\_\_\_



Mobile: \_\_\_\_\_ Tel. (Res): \_\_\_\_\_

Institute: \_\_\_\_\_ Tel (Off): \_\_\_\_\_

Which Exam are you appearing (FCSP) \_\_\_\_\_

Course fee \_\_\_\_\_ Fee date \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** Enclose the following Documents:

Course Fee Rs 500/-.(Cash)