



5<sup>th</sup> MOCK COURSE  
FOR FCPS-II Examinations  
GENERAL MEDICINE  
February 02 - 06, 2010

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

REGISTRATION FORM

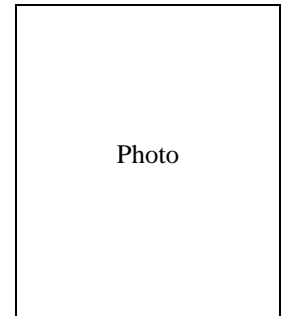
Dr. \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ Examination Roll no: \_\_\_\_\_

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



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

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

Which Exam are you appearing FCPS \_\_\_\_\_

Course Fee: \_\_\_\_\_ Fee date \_\_\_\_\_

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

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

**Note:** Enclose the following Documents:

The Course fee Rs 500/- (Cash)

1 Colored Photograph