



5th Surgical Short COURSE
FOR
FCPS-II Examinations
February 08-09, 2010

Reg. No. _____

REGISTRATION FORM

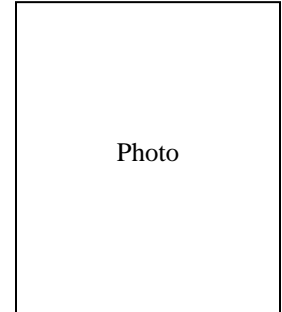
Dr. _____

F/H Name: _____ Marital Status: _____

NIC: _____ Date of Birth: _____

E-mail _____ RTMC Reg: _____

Postal Address: _____



_____ Exam. Roll No. _____

Mobile: _____ Tel. (Res): _____

Institute: _____ Tel (Off): _____

Have you attended such courses before? Yes/No, If yes please mention the

Name of course	Institutions	Year

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)