

6th MOCK COURSE
FOR FCPS-II Examinations
General Medicine
June 29 – July 02, 2010

Reg. No _____

REGISTRATION FORM

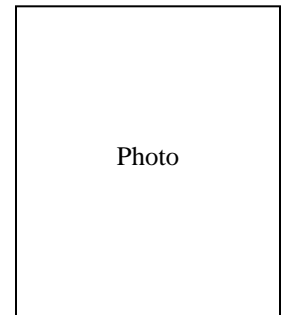
Dr. _____

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