



**COLLEGE OF PHYSICIANS & SURGEONS  
PAKISTAN  
REGISTRATION FORM**

Serial No: \_\_\_\_\_

Photograph  
(5x5 cms)  
One pasted

**1<sup>ST</sup> NATIONAL WRITTEN COURSE FOR FCPS-II IN OBSTETRICS & GYNECOLOGY**  
**MAY 03 – 04, 2010**

NAME: \_\_\_\_\_  MALE  FEMALE

FATHER'S /HUSBAND'S NAME: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

RTMC NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: Res: \_\_\_\_\_ Mob: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have deposited registration fee: Rs. 1000/- vide bank draft / Challan No. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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



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PAKISTAN  
REGISTRATION FORM**

Serial No: \_\_\_\_\_

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(5x5 cms)  
One pasted

**2<sup>ND</sup> NATIONAL EXAMINATION ORIENTED CLINICAL COURSE FOR FCPS-II IN  
OBSTETRICS & GYNECOLOGY  
JUNE 21 - 26, 2010**

NAME: \_\_\_\_\_  MALE  FEMALE

FATHER'S /HUSBAND'S NAME: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

RTMC NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: Res: \_\_\_\_\_ Mob: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have deposited registration fee: Rs. 3000/- vide bank draft / Challan No. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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