



**COLLEGE OF PHYSICIANS & SURGEONS
PAKISTAN**

PHOTOGRAPH
(5 x 5 cms)
One pasted

REGISTRATION FORM

**2ND NATIONAL EXAMINATION ORIENTED COURSE IN SURGERY FOR
FCPS-II CANDIDATES
FROM 15th - 17th JULY, 2010**

NAME: _____ Male Female

FATHER / HUSBAND'S NAME: _____

NAME OF INSTITUTION: _____

SUPERVISOR'S NAME _____

RTMC No: _____

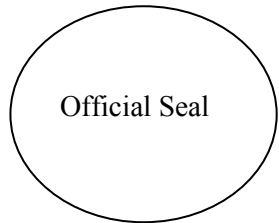
MAILING ADDRESS: _____

TELEPHONE NO: Res: _____ Mobile: _____

E-mail: _____

VENUE CITY: _____

I have deposited registration fee: Rs. 2000/- in cash at Accounts Department, CPSP,
Regional Center _____



Signature of Applicant: _____

Date: _____