



COLLEGE OF PHYSICIANS & SURGEONS
PAKISTAN

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REGISTRATION FORM

FCPS-II CLINICAL COURSE (OBSTETRICS & GYNAECOLOGY)
JANUARY 25 - 31, 2010

NAME: _____ Male Female

FATHER / HUSBAND'S NAME: _____

NAME OF INSTITUTION: _____

SUPERVISOR'S NAME _____

RTMC No: _____

MAILING ADDRESS: _____

TELEPHONE NO: Res: _____ Mobile: _____

E-mail: _____

I have deposited registration fee: Rs. 2000/- vide bank draft / challan No. _____

Signature of Applicant: _____

Date: _____