

**QARZ-E-HASNA SCHEME  
APPLICATION FORM  
FOR  
MCPS-HPE / MCPS-HCSM**

1. **NAME OF APPLICANT (BLOCK LETTERS):** \_\_\_\_\_

2. **AGE:** \_\_\_\_\_ **SEX:**  **MALE**  **FEMALE**

3. **FATHER'S / HUSBAND'S NAME:** \_\_\_\_\_

4. **MAILING ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEL (RES):** \_\_\_\_\_ **TEL (OFFICE):** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

5. **PRESENT DESIGNATION AND NAME OF THE INSTITUTION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **EDUCATIONAL QUALIFICATION ( PLEASE TICK THE APPROPRIATE BOX)**  **MBBS**  **FCPS**  **MCPS**  
**FELLOWSHIP/ MEMBERSHIP # (IF APPLICABLE):** \_\_\_\_\_

7. **OTHER QUALIFICATION (IF ANY):** \_\_\_\_\_

8. **SPECIALITY:** \_\_\_\_\_

9. **ACADEMIC PROGRAM:**  **MCPS-HPE**  **MCPS-HCSM**

10. **REASONS FOR SELECTION OF THE PROGRAM AND RELEVANCE WITH YOUR CURRENT / EXPECTED RESPONSIBILITIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **SERVICE EXPERIENCE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COLLEGE OF  
PHYSICIANS  
& SURGEONS  
PAKISTAN**

7<sup>th</sup> Central Street  
Phase II, Defence  
Housing Authority  
Karachi-75500

Telephone:  
(92-21) 99266446-09  
(10 Lines)

Fax:  
(92-21) 99266450  
UAN: 111-606-606

Web:  
[www.cpsp.edu.pk](http://www.cpsp.edu.pk)

# CPSP TRUST



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| POST HELD | INSTITUTION | FROM | To | NAME OF HEAD OF DEPTT. |
|-----------|-------------|------|----|------------------------|
|           |             |      |    |                        |
|           |             |      |    |                        |
|           |             |      |    |                        |
|           |             |      |    |                        |
|           |             |      |    |                        |

**12. NAME, DESIGNATION AND ADDRESS OF TWO REFEREES (ONE OF THE REFEREE MUST BE THE HEAD OF INSTITUTION, IN CASE OF SERVICE).**

1. NAME DESIGNATION

INSTITUTE

TEL (RES): TEL(OFFICE): CELL:

EMAIL: FAX:

ADDRESS:

2. NAME DESIGNATION

INSTITUTE

TEL (RES): TEL(OFFICE): CELL:

EMAIL: FAX:

ADDRESS:

13. AMOUNT OF TUITION FEE REQUESTED AS QARZ-E-HASNA. (PLEASE TICK THE APPROPRIATE BOX)

25%   
  50%   
  100%

14. FOLLOWING ATTESTED DOCUMENTS TO BE SUBMITTED.

A. ONE RECENT PASSPORT SIZE COLOUR PHOTOGRAPH.

B. PHOTOCOPY OF COMPUTERISED NATIONAL IDENTITY CARD.

C. TWO FORMS FROM THE REFEREES.

D. PHOTOCOPY OF MBBS DEGREE AND HIGHER POSTGRADUATE QAULIFICATIONS (IF ANY):

E. LETTER OF ADMISSTION IN THE MCPS-HPE / MCPS-HCSM COURSE.

# CPSP TRUST

15. FOLLOWING TO BE SUBMITTED AFTER PROVISIONAL APPROVAL OF QARZ-E-HASNA FROM CPSP TRUST.

- A. GUARANTEE BOND ON RS.100/= STAMP PAPER BY THE GUARANTOR DULY NOTORISED   
(GUARANTOR MUST BE A FELLOW IN GOOD STANDING OR RTMC REGISTERED SUPERVISOR OF A SPECIALTY)
- B. SURITY BOND ON RS.100 STAMP PAPER BY THE APPLICANT
- C. POST DATED CHEQUES OF AMOUNT EQUIVALENT TO QARZ-E-HASNA AS PER SCHEDULE OF REPAYMENT

DATE: \_\_\_\_\_

SIGNATURE OF THE APPLICANT

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## RECOMMENDATION/REMARKS OF DIRECTOR, DME, CPSP

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## FOR OFFICE USE ONLY

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CONFIDENTIAL

CPSP  
TRUST

**REFEREE FORM**  
**QARZ-E-HASNA SCHEME**  
**FOR**  
**MCPS-HPE / MCPS-HCSM**  
**FORM TO BE FILLED BY REFEREE**

1. **NAME OF APPLICANT (BLOCK LETTERS):** \_\_\_\_\_

2. **MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TEL (RES):** \_\_\_\_\_ **CELL:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

3. **NAME OF THE INSTITUTION (WHERE APPLICANT IS WORKING):** \_\_\_\_\_

\_\_\_\_\_ **TEL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

4. **DESIGNATION (IF IN SERVICE) :** \_\_\_\_\_  **TEMPORARY**  **PERMANENT**

5. **GENERAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE THE REFEREE IS REQUESTED TO SEND THE REFERENCE PREFERABLY DIRECT TO THE DIRECTOR DME, CPSP, COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN, 7<sup>TH</sup> CENTRAL STREET, DEFENCE HOUSING AUTHORITY, PHASE-II, KARACHI -75500**

**SIGNATURE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_ **INSTITUTE** \_\_\_\_\_

**TEL (RES):** \_\_\_\_\_ **TEL (OFFICE):** \_\_\_\_\_ **CELL:** \_\_\_\_\_

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**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_



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