College of Physicians & Surgeons Pakistan
Advanced Skills Department

FUNDAMENTALS of LAPAROSCOPIC SURGERY

FLS REGISTRATION FORM

NAME: _____
(Complete Name as you would like to appear on certificate. Please write in BLOCK letters)

DEGREE: ☐ MD ☐ MBBS ☐ MS ☐ FCPS ☐ FRCS

2 colored Passport Size Photographs (5x6 cm) with candidates name on the back

MAILING ADDRESS: (Where results & Certificate to be mailed)

Street Address: _____

House / Building / Floor / Apartment: _____

Department/Division: _____

City: _____ **Province:** _____ **PO BOX:** _____

Phone: _____ **Email:** _____ **Cell:** _____

Gender : ☐ M ☐ F **Age:** _____ **Date of Birth:** _____

Experience Level :

POST GRADUATE YEAR ☐ PGY1 ☐ PGY2 ☐ PGY3 ☐ PGY4 ☐ PGY5 ☐ FELLOW

RTMC Reg. / Fellowship No.: _____

SPECIALITY:

☐ General Surgery ☐ Gyn ☐ Urology ☐ Other _____

FOR RESIDENTS ONLY:

Anticipated year of residency completion: _____

Do you wish to be listed in FLS registry ? ☐ YES ☐ NO

VENUE: (Select one center only)

☐ Karachi ☐ Lahore ☐ Islamabad

COURSE FEE DETAILS:

Amount Rs. _____ (in words) _____

Challan/ Draft/ Pay order No. : _____ Date: _____

Bank: _____ Branch: _____

Candidate Signature: _____ Date: _____