



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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OATH FORM (FCPS)

*"In the name of God Almighty,
I faithfully promise to maintain the traditions,
the dignity, the standards and the ethics
of College of Physicians & Surgeons Pakistan.
That I shall devote myself to those medical activities,
which come within the scope of my profession.
That I shall follow those methods of prevention of disease,
diagnosis and treatment which,
according to my ability and judgement
are consistent with evidence-based medical practice.
In this endeavor,
I shall always strive to do no harm.
When in doubt,
I shall seek the counsel of my colleagues.
I shall willingly assist others
and advance knowledge in my speciality
to the best of my ability.
May God help me in this endeavor."*

NAME _____

FATHER'S/HUSBAND'S NAME _____

SUBJECT _____

ROLL NO. _____

RESIDENTIAL ADDRESS _____

TEL RES : _____

VERIFIED:

Signature of Diploma Holder

Controller of Examination, CPSP