



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

7th Central Street, Defence Housing Authority, Phase II, Karachi (Pakistan)
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REGISTRATION FORM (FCPS)

PLEASE FILL ALL COLUMNS IN CAPITAL LETTERS

NAME _____

FATHER'S/HUSBAND'S NAME _____

SUBJECT _____

ROLL NO. _____

MARITAL STATUS _____

DATE OF BIRTH _____

N.I.C. NO. _____

BANK DRAFT NO. FOR REGISTRATION FEE _____ DATE: _____

NAME OF BANK _____

PERMANENT ADDRESS _____
(Residential only)

MAILING ADDRESS _____
(Residential only)

TEL RES : _____ CLINIC : _____

HOSP : _____ FAX : _____

MOBILE : _____ E-MAIL : _____

DATE OF SUBMISSION : _____

SIGNATURE OF FELLOW : _____

Staple one attested colour photograph. (on the front side)

Three more attested (on the back side) photographs to be enclosed in an envelope *passport size*

IMPORTANT NOTE

All fellows are considered in Good Standing for a period of two years from the date of passing examination. Thereafter, they are required to pay prescribed annual subscriptions to remain in the list of Good Standing fellows. For details about annual subscriptions, please contact at: finance@csp.edu.pk