



# COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

7th Central Street, Defence Housing Authority, Phase II, Karachi (Pakistan)  
Tel: (021) 99207100-10; UAN: 111-606-606; Fax (021) 35881444 & 99207120;  
E-mail: examinations@cpsp.edu.pk; Web: www.cpsp.edu.pk

## OATH FORM (MCPS)

*"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



# COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

7th Central Street, Defence Housing Authority, Phase II, Karachi (Pakistan)  
Tel: (021) 99207100-10; UAN: 111-606-606; Fax (021) 35881444 & 99207120;  
E-mail: examinations@csp.edu.pk; Web: www.csp.edu.pk

## REGISTRATION FORM (MCPS)

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 MEMBER \_\_\_\_\_

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**