



COLLEGE OF PHYSICIANS  
AND SURGEONS PAKISTAN

(FOR WARD/INPATIENTS ONLY)

**DISSERTATION DATA SHEET**

Title of Dissertation (Please fill in Capital letter) : \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ RTMC Reg. #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date of Passing FCPS I: \_\_\_\_\_

Date of approval of Synopsis: \_\_\_\_\_ Date of submission of Dissertation: \_\_\_\_\_

Details of Ward/Inpatients\* (Exact Name, and Institution): \_\_\_\_\_

S.#.	NAME OF THE PATIENT**	DATE OF ADMISSION	WARD REG. NO.	SEX M/F	AGE	DIAGNOSIS	REMARKS

**IMPORTANT NOTE:**

\* Exact source i.e. the name and number of Ward should be given.

\*\* If name of the patient is not given provide valid reason.

Signature of Candidate: \_\_\_\_\_



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**DISSERTATION DATA SHEET**

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Continuation Sheet

S.#.	NAME OF THE PATIENT**	DATE OF ADMISSION	WARD REG. NO.	SEX M/F	AGE	DIAGNOSIS	REMARKS

Signature of Candidate: \_\_\_\_\_