COLLEGE OF PHYSICIANS
AND SURGEONS PAKISTAN

DISSERTATION DATA SHEET

(FOR OUTPATIENT DEPT. ONLY)

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 OPD* (Exact Name, and Institution): _____

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

IMPORTANT NOTE:

* Exact source i.e. the name and number of OPD should be given.
** If name of the patient is not given provide valid reason.

Signature of Candidate: _____

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Continuation Sheet

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

Signature of Candidate: _____