



**COLLEGE OF
PHYSICIANS
AND SURGEONS
PAKISTAN**

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RTMC-REC-15
REV:00

**APPLICATION FOR
SUBMISSION OF
DISSERTATION**

DETAILS OF DATA UTILIZED

PERSONAL

RTMC REGISTRATION #			
FCPS-I	ROLL NO.	SESSION	YEAR
DISCIPLINE			
NAME	S/O, D/O, W/O		
PRESENT MAILING ADDRESS			
	TEL NO.	EMAIL	

DISSERTATION

TOPIC										
SYNOPSIS	DATE OF APPROVAL	D	M	Y	TRAINING	DATE OF COMMENCEMENT	D	M	Y	
DISSERTATION	DATE OF SUBMISSION	D	M	Y		DATE OF COMPLETION	D	M	Y	
PERIOD OF STUDY	FROM	D	M	Y	TO	D	M	Y	Total Duration	
SAMPLE SIZE										
SOURCE OF DATA (PLEASE TICK MARK)	IN-PATIENT	<input type="checkbox"/>	OUT PATIENT	<input type="checkbox"/>						
NAME OF SUPERVISOR										
EXACT VENUE OF STUDY WHERE STUDY WAS CONDUCTED										

Enclose:

1. Photocopy of RTMC approval letter of synopsis
2. Original of payment of dissertation assessment Fee
3. Dissertation Data Sheet

Signature : _____

Date: _____ Name : _____

FOR OFFICE USE

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