



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

Experience Proforma

In case of additional information use photocopy of this form

Form 'Ex'

List Practical Experience in **CHRONOLOGICAL ORDER** from the date of starting training, which you claim towards fulfillment of requirement as laid down in relevant speciality prospectus / Notifications applicable in your case.



NAME : _____ S/O, D/O : _____
 RTMC REG. #: _____ CHOSEN DISCIPLINE : _____
 FCPS I : _____ ROLL NO. : _____ SESSION : _____ YEAR : _____
 DATE OF APPROVAL OF SYNOPSIS : _____ DATE OF APPROVAL OF DISSERTATION : _____

(TO BE FILLED IN CAPITAL LETTERS, CHRONOLOGICAL ORDER)

S. No.	Position Held	Speciality	Period			Name and designation of Supervisor	Name of Institution	RTMC Reg. #
			From	To	Total Duration			
1.								
2.								
3.								
4.								
5.								

NOTE: Provide documentary proof for each training claimed for fulfillment of requirements **1. posting order, 2. experience certificates duly signed by approved supervisors** and countersigned by head of institution and **3. COPY OF RTMC REGISTRATION.**
 (ANY CLAIM OF EXPERIENCE WITHOUT DOCUMENTARY PROOF WILL BE REJECTED)

Name of candidate

Date

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Signature of Candidate