

FCPS-II TRAINING RE-REGISTRATION FORM



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

Research and Training Monitoring Cell

FOR PREVIOUSLY REGISTERED TRAINEES IN CASE OF CHANGE OF SUPERVISOR/ CHANGE OF INSTITUTION

IMPORTANT: PROVIDE E-MAIL ADDRESS

(FILL ALL COLUMNS IN CAPITAL LETTERS)

DATE OF APPLICATION: _____

Personal Data

NAME:		PASTE COLOUR PHOTO
FATHER/ HUSBAND'S NAME:		
PRESENT MAILING ADDRESS (Residential Only):		
TEL OFF:	TEL RES:	
MOBILE:	FAX:	E-MAIL:

Previous Training Details (Immediate past)

RTMC REGISTRATION NUMBER:			
NAME OF INSTITUTION			
NAME OF SUPERVISOR			
CHOSEN SPECIALITY FOR FCPS PART II			
DATE OF INITIAL COMMENCEMENT OF TRAINING	DAY	MONTH	YEAR

Institutional/Supervisor Data (Change required)

NAME OF UNIT / DEPARTMENT:			
NAME OF CHOSEN SUPERVISOR WITH DESIGNATION:			
DATE OF JOINING PRESENT TRAINING:	DAY	MONTH	YEAR
SPECIFY THE REASON FOR CHANGE:			

Details of Synopsis/Dissertation

TOPIC / TITLE OF SYNOPSIS / RESEARCH PROTOCOL:			
DATE OF APPROVAL OF SYNOPSIS:			
DATE OF SUBMISSION OF DISSERTATION:			
FCPS EXAMINATION INTEND TO APPEAR:			

Data of Training Already Completed

DETAILS OF TRAINING COMPLETED SO FAR (Please enclosed on prescribed form)

IN CASE THERE HAS BEEN A BREAK IN TRAINING

(A) SPECIFY DATES

(B) REASON / JUSTIFICATION

(C) WHETHER CPSP WAS INFORMED, IF NOT, WHY

EXPECTED DATE OF COMPLETION OF OVERALL TRAINING

Undertaking

The information given by me in this form is entirely correct. I am fully aware of the fact that in case a candidate gives wrong information on any account, he/she is liable to punitive action by the CPSP, which may include cancellation of the registration and debarring from appearing in CPSP examinations for such period as may be specified by the CPSP.

I undertake to keep the CPSP informed of the progress of training from time to time and when required.

I also undertake to inform CPSP promptly in case of transfer / change of supervisor, failing which my unsupervised period of training is liable for cancellation, besides being ready to pay such penalty as may be specified by CPSP.

SIGNATURE OF TRAINEE WITH DATE

Supervisor's Consent

NAME OF CANDIDATE:

NAME OF DEPT. / INSTITUTION:

I AM WILLING TO SUPERVISE THE ABOVE NAMED FCPS-II TRAINEE IN THE SPECIALITY OF

SIGNATURE & STAMP OF HEAD OF INSTITUTION

SIGNATURE & STAMP SUPERVISOR

ENCLOSE ATTESTED COPIES OF FOLLOWING VALID DOCUMENTS

(ATTESTED BY ONE OF FACULTY MEMBER OF FELLOW OF CPSP)

- 1 Two coloured photographs (one photograph to be attested in front and pasted in the box and other to be attested on the back). Photographs should indicate name of candidate in capital letters.
- 2 Appointment / Placement Order issued by institution as a PG trainee.
- 3 Letter of joining signed and stamped by the supervisor
- 4 Copy of RTMC Registration / Re-registration certificate for each supervisor (mentioned in training proforma).
- 5 Experience Proforma duly filled (including rotations).
- 6 Experience Certificate by each approved supervisor countersigned and stamped by Head of Institute.

The enclosed proforma must be filled up in full. If incomplete the application will not be entertained.

IMPORTANT NOTE

IN FUTURE ALL COMMUNICATION WITH TRAINEES REGISTERED WITH RTMC WILL BE DONE THROUGH EMAIL FOR QUICK AND EFFECTIVE COMMUNICATION. IT IS ESSENTIAL THAT THE CANDIDATE SHOULD MENTION HIS/HER RTMC REGISTRATION NUMBER FAILING WHICH EMAIL/CORRESPONDENCE WILL NOT BE ENTERTAINED.

FOR OFFICE USE ONLY
