

MCPS TRAINING RE-REGISTRATION FORM



**COLLEGE OF
PHYSICIANS
AND SURGEONS
PAKISTAN**

FTMC-REC-03
REV: 00

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:		<div style="border: 2px solid black; padding: 10px; width: 150px; height: 100px; margin: 0 auto;"> PASTE COLOUR PHOTO </div>
FATHER/ HUSBAND'S NAME:		
PRESENT MAILING ADDRESS <small>(Residential Only):</small>		
TEL OFF:	TEL RES:	
MOBILE:	FAX:	E-MAIL:

Previous Training Details

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

Institutional/Supervisor Data

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

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 MCPS TRAINEE IN THE SPECIALITY OF

SIGNATURE OF HEAD OF INSTITUTION & STAMP

SIGNATURE OF SUPERVISOR & STAMP

NOTE ENCLOSE ATTESTED COPIES OF FOLLOWING VALID DOCUMENTS :

1. Three coloured photographs (one photograph to be attested in front and pasted in the box, two to be attested on the back). Photographs should indicate name of candidate in capital letters .
2. Appointment / Placement Order issued by institution's administration Department.
3. Letter of joining from the department
4. Copy of RTMC Registration Certificate for each supervisor (mentioned in training proforma).
5. Experience Certificate by each approved supervisor.
6. Experience Proforma

The inclosed 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.

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