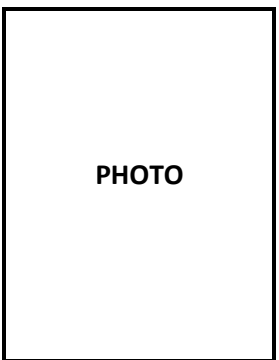


TRAINEE MEDICAL OFFICER	MEDICINE FCP-II	<input type="checkbox"/>
GYNEA/OBSM <input type="checkbox"/>	MCPS <input type="checkbox"/>	PAEDIATRICS <input type="checkbox"/>
FCPS-II <input type="checkbox"/>		



Name: _____

Father's Name: _____

Date of Birth: _____ PM& DC Regn NO: _____

Mailing address: _____

_____ Cell No (Personal): _____

Permanent Address: _____

_____ Tel No (Res): _____

Present Position: _____ Accommodation: Required or Otherwise

Graduated from: _____ Graduation Year: _____

Final Professional MBBS: Marks Obtd: _____ out of: _____ Attempts: _____

Fourth Professional MBBS: Marks Obtd: _____ out of: _____ Attempts: _____

Third Professional MBBS: Marks Obtd: _____ out of: _____ Attempts: _____

Second Professional MBBS: Marks Obtd: _____ out of: _____ Attempts: _____

First Professional MBBS: Marks Obtd: _____ out of: _____ Attempts: _____

Other Qualification (if any): _____

House Job

1. First: _____
2. Second: _____
3. Third: _____
4. Fourth: _____

Experience (if any)

1. _____
2. _____
3. _____

Please attach the following documents

1. Academic Certificate
2. PM&DC Registration Certificate
3. Copy of National Identity Card
4. House Job Certificates/ References

Signature of Candidate