



College of Physicians & Surgeons Pakistan

7th Central Street, Defence Housing Authority, Karachi -75500, Pakistan
Tel: 9207100-09, Fax: 9207120, 5881444, UAN: 111-606-606
Website: www.cpsp.edu.pk

Fresh

Form No: 806-437230

Online Examination

Online Application Form (FCPS-I) Examination

Term: 23-MAY-2023
Registration Type: Fresh
Examination Center: ISLAMABAD
Selected Speciality: DENTISTRY
Fee Type: Bank Challan Fee Amount: PKR 15050
Center: Karachi
Receipt #: KHI-C-23-16090 Receipt Date: 07-02-2023
Bank Name: Meezan Bank Ltd.



Profile Information

Medical Reg. No: 744283-01-D
Medical Reg. issue date: 26-08-2021 Medical Reg. expiry date: 07-10-2024
Full Name: MUHAMMAD ZOHAIB AFZAL CHAUDRY
Father's name: MUHAMMAD AFZAL
Nationality: Pakistan Identity Card No: 61101-0263748-3
Gender: Male Marital Status: Single
Date of Birth: 04-05-1997
Email: zabijut8@gmail.com

Present/Mailing Address (Residential Only)

Address: HOUSE NUMBER 2 STREET 60 LIAQUAT AVENUE JINNAH GARDEN PHASE 1
Islamabad, Punjab, Pakistan
Tel (Res.): 0518748976 Tel (Office):
Cell: 03025402584 Postal Code: 44000

Permanent Address (Residential Only)

Same as Mailing Add: Yes
Address: HOUSE NUMBER 2 STREET 60 LIAQUAT AVENUE JINNAH GARDEN PHASE 1
Islamabad, Punjab, Pakistan
Tel (Res.): 0518748976 Tel (Office):
Cell: 03025402584 Postal Code: 44000

Professional Qualification

Degree: BDS Passing Year: 2021
Institute: FATIMA MEMORIAL COLLEGE
City/State/Country: Islamabad, Punjab, Pakistan

Declaration

do hereby declare that information given above is correct to the best of my knowledge. Incorrect information may lead to cancelation of enrollment / admission / results and disciplinary action.

Signature of Candidate:

Dated: 07-02-2023

Note:

- Once entered in the application the center and subject will only be changed after submission of prescribed fee for this change.