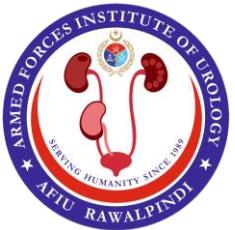


ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI
APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU

PERSONAL BIODATA			
Applicant Name			
S/O , D/O , W/O			
Date of Birth (DD-MM-YY)			
Sex (Male/Female)			Marital Status Single/Married
Date of Graduation (MBBS)			
Institute of Graduation			
PM&DC Registration No			
Email Address			
Telephone No			
District of Domicile			
Paid / Sponsored (Select the province from where sponsored)	<ul style="list-style-type: none">• KPK• Punjab• Sindh• Balochistan• Federal Govt		
Present Address			
Permanent Address			
Permanent Mailing Address			



ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI
APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU

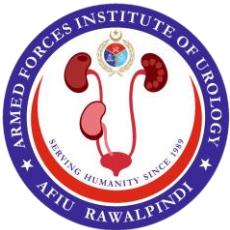
Family Details	Spouse Name	
	Job Type	
	Children Details:	
	Name	Age

QUALIFICATION AND WORK EXPERIENCE

Date of Graduation MBBS	
Institute of Graduation	

HOUSE JOB

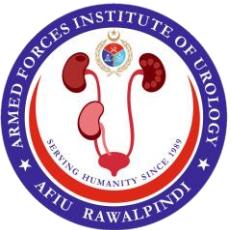
Hospital	Specialty	Duration



ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI
APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU

FCPS – I Surgery	Specialty & Date		
Post FCPS-I Training	Hospital	Specialty	Duration
IMM Expected Date			
Other Qualification			
Work Experience	Training / Consultant Experience		
	Institute	From	To

1. The Form is to be submitted to Training Office according to notified schedule.
2. Documents to attach (Attested Photocopies)
 - a. Printed Application Form
 - b. Curriculum Vitae (CV)
 - c. Academic Certificates
 - d. MBBS Degree & Transcript
 - e. Result Card of all professional exams
 - f. CPSP Registration Certificate
 - g. NIC/ Passport
 - h. Part I Result / Exemption Certificate
 - i. Domicile



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- j. PM&DC Registration
- k. House Job Certificate
- l. Two Passport Size Photographs
- m. Police Verification Certificate

Please Note:

Application shall not be entertained with incomplete information

Signature of Applicant: _____

Date: _____

Office Use Only	
Comments / Status	