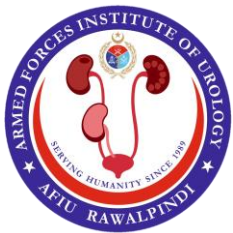


## **ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI**

### **APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU**

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



## **ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI**

### **APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU**

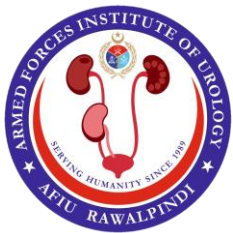
<b>Family Details</b>	<b>Spouse Name</b>		
	<b>Job Type</b>		
	<b>Children Details:</b>		
	<b>Name</b>	<b>Age</b>	

### **QUALIFICATION AND WORK EXPERIENCE**

<b>Date of Graduation MBBS</b>	
<b>Institute of Graduation</b>	

### **HOUSE JOB**

<b>Hospital</b>	<b>Specialty</b>	<b>Duration</b>

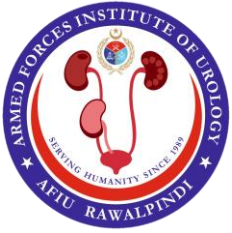


## **ARMED FORCES INSTITUTE OF UROLOGY (AFIU) RAWALPINDI**

### **APPLICATION FORM FOR RESIDENCY TRAINING AT AFIU**

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

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



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

- 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:** \_\_\_\_\_

<b>Office Use Only</b>	
<b>Comments / Status</b>	