



Post Graduate Medical Education

Guidelines for Applicants

Online Application Form (MO, PG, Fellow)

Register:

Press **Register** on following dialog box.

Login Form

Email

Password

Submit

[Apply Guideline](#)
[Register](#) | [Forgot password?](#)

Provide valid E-mail address and password and press **Submit**.

Registration Form

Email

Password

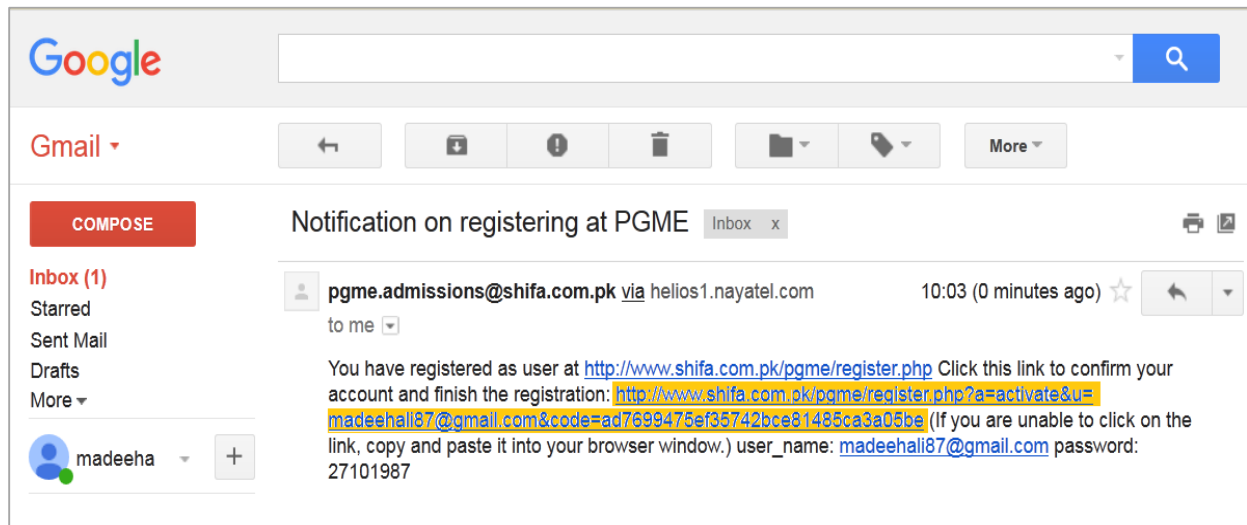
Re-enter Password

Submit

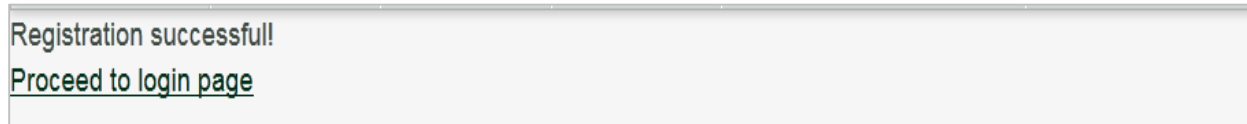
[Back to login](#)

Email:

Check your registered E-mail account, PGME admissions has sent an E-mail containing a link. Click on the **Link** or paste the link in browser.



Following message will appear on your screen. Click on **Proceed to login page**.



Login:

Enter you registered E-mail address and password and press **Submit**.

Login Form

Email

Password

Submit

Apply Guideline

[Register](#) | [Forgot password?](#)

Basic Information:

Please upload you recent photograph, **less than 200KB size.**

Fill all mandatory fields (marked with *)

Profile		Logged In: madeehali87@gmail.com	
Upload Profile Picture Pic. Size 1Mb Max.	* <input type="button" value="Browse..."/> images.jpg		
Username (Email)	<input type="text" value="madeehali87@gmail.com"/>		
Name (as per CNIC)*	<input type="text" value="Madeeha Ali"/>		
Father/Spouse Name*	<input type="text" value="Ali Hassan"/>		
Gender*	<input type="text" value="Female"/>		
Date Of Birth	<input type="text" value="12"/>	<input type="text" value="August"/>	<input type="text" value="1990"/>
Nationality*	<input type="text" value="Pakistan"/>		
CNIC(12345-1234567-8)	<input type="text" value="37405"/>	<input type="text" value="1234567"/>	<input type="text" value="0"/>
Passport #	<input type="text"/>		
Cell #*	<input type="text" value="03211123878"/>		
Fax #	<input type="text"/>		
Home/Office Telephone*	<input type="text" value="0519259120"/>		

Mailing Address*	<input type="text" value="Shifa International Hospital, Sector H-8/4"/>		
Country	<input type="text" value="Pakistan"/>		
City	<input type="text" value="Islamabad"/>		
State/Province	<input type="text" value="Punjab"/>		

Permanent Address	<input type="text" value="Shifa International Hospital, Sector H-8/4"/>		
Country	<input type="text" value="Pakistan"/>		
City	<input type="text" value="Islamabad"/>		
State/Province	<input type="text" value="Punjab"/>		

Academics-I:

Fill your MBBS and house job details.
Fill all mandatory fields (marked with *)

Profile		Logged In: madeehali87@gmail.com		
House Job Institution Name 1*	Benazir Bhutto Hospital, Rawalpindi			
Duration	From	January 2016	To	June 2016
House Job Institution Name 2	Shifa International Hospital, Islamabad			
Duration	From	July 2016	To	December 2016
House Job Institution Name 3				
Duration	From	Month Year	To	Month Year
House Job Institution Name 4				
Duration	From	Month Year	To	Month Year
Medical Degree(Graduation)*	MBBS			
Name Of Medical College Attended*	Shifa College of Medicine			
Month/Year	January	2015		
Supplementary Exams Details	Prof-III in Community Health Medicine			

Academics-II:

RTMC *	NA			
Cleared FCPS - 1 *	Yes			
Cleared FCPS - 2 *	NA			
PMDC Number	58901-P			
PMDC Validity	December 2020			
IMM *	Not Applicable			
IMM Institution				
Duration	From	Month Year	To	Month Year

Residency Information:

If you are already doing your training or applying for sub-specialty/ fellowship, fill the following. In case of fresh applicant leave it blank.

Profile		Logged In: madeehal87@gmail.com
Residency Institution Name 1	Pakistan Institute of Medical Sciences Islamabad	
Duration	From	July 2015 To June 2016
Residency Institution Name 2	Shifa International Hospital Islamabad	
Duration	From	July 2016 To June 2017
Residency Institution Name 3		
Duration	From	Month Year To Month Year
Residency Institution Name 4		
Duration	From	Month Year To Month Year

Others:

Fill the mandatory fields (marked with *)

Certification *	ACLS
Certification Duration	02 years
Certification Validity	Jan 2019
Immunization(Hep-B) *	Yes
Are you associated with any organization?*	Yes
Association Details(In Case of Yes)	EMS
Other Qualification	
Other Experience	
Pending Documents	FCPS provisional result
Is Your Application Complete *	Yes

References:

Give two professional references and press **Submit**.

Logged In: madeehali87@gmail.com

Profile

Reference1

Name *	Irshad Ahmed
Organization *	Pakistan Institute of Medical Sciences
Designation *	Consultant
Contact # *	03214568791
Email	irshad@gmail.com

Reference2

Name *	Farrukh Ahmed
Organization *	Shifa International Hospital
Designation *	Pathologist
Contact # *	03458975123
Email	fkh123@hotmail.com

Note: Endorsement (should be attested by the Principal of the institute last worked at or professor of any medical college).I certify that the information given above is correct.

After submission, this message will appear on your screen.

Your profile has been updated successfully. Now you may please proceed to submit application form for Medical Officer/Residency/Fellowship (under the Menu <Online Application>)

Final Submission:

- Click **online application** tab, select form type.
- Select **Specialty**.
- Press **Submit** at the bottom of page.

Post Graduate Medical Education (PGME)

HOME ABOUT US PROGRAMS **ONLINE APPLICATION** PROFILE PUBLICATIONS CME CAREER CONTACT US LOGOUT

Logged in: madeehali87@gmail.com

Change Profile Picture
Pic. Size 1Mb Max.

Username (Email)
Name (as per CNIC)*

- Residency Application Form
- Sub Specialty Residency Application Form
- Fellowship Application Form
- Medical Officer Application Form
- Login/Register
- Fee and Deadlines
- Key Dates
- Information Brochure
- FAQs

Apply For Residency Programme

Logged In: madeehali87@gmail.com

print

Please ensure to include the following items:

- Completed application form endorsed by relevant authority.
- Attested copies of mark sheets of all professional examinations.
- Attested copy of MBBS Degree.
- Attested copy of one year internship/house job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: taken one week prior to submission of this application
- Declaration ([Download](#))
- Radiology: Evaluation Proforma need to be filled ([Download](#))

Username (Email) madeehali87@gmail.com

Name (as per CNIC)* Madeeha Ali

Specialty* Select Speciality
Select Speciality
Emergency Medicine
General Surgery
Histopathology
Internal Medicine (4 year)
Pediatrics
Radiology

Father/Spouse Name*

Gender*
02 February 1990

Date Of Birth

Nationality* Pakistan

Other Experience

Is Your Application Complete * Yes

Pending Documents
FCPS provisional result

Submit

Print:

Press **Print** button on the upper right corner.

Logged In: madeehali87@gmail.com

Apply For Residency Programme

[print](#)

Registration Fees

- Regular Fee Rs. 2500/-
- Late Fee Rs. 5000/-

Please ensure to include the following items:


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- Attested copy of MBBS Degree.
- Attested copy of one year internship/house job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: taken one week prior to submission of this application
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Username (Email)

Name (as per CNIC)*

Printout:

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 **Shifa International Hospitals Ltd.**
شفا انٹرنیشنل ہسپتال لمیٹڈ اسلام آباد

APPLICATION PROCESSING FEE-RECEIPT

Office Copy

For The Credit of:
Shifa International Hospitals Ltd, Islamabad.

Account No of MCB Main Civic Center, Hecoby Islamabad : 0061303010000351

OR

Account No of Albarka Shifa International Ltd Branch : 0110326520019

OR

Online Payment OR Bank Draft OR Pay Order in Favor of Shifa International Hospital Ltd

Date: 09-10-2017	Registration # : [] [] [] [] [] [] (For Official Use Only)
Applicant Name	Tracking ID
Madeeha Ali	8249-Internal Medicine (4 year) (Residency)
Application Processing Fee : 2500	
Regular Or Late : Regular	
In words : TWO THOUSAND, FIVE HUNDRED RUPEES ONLY	
Applicant's Signature	PGME Admission Office Signature

Note:


- Receipt of payment to be attached.

Applicant Copy

Date: 09-10-2017	Registration # : [] [] [] [] [] [] (For Official Use Only)
Applicant Name	Tracking ID
Madeeha Ali	8249-Internal Medicine (4 year) (Residency)
Application Processing Fee : 2500	
Regular Or Late : Regular	
In words : TWO THOUSAND, FIVE HUNDRED RUPEES ONLY	

PGME Admission Office Signature

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 **Shifa International Hospitals Ltd.**
شفا انٹرنیشنل ہسپتال لمیٹڈ اسلام آباد

Residency Application Form

Date of Application : 09-10-2017

Registration Fee : **RS.2500/-**


Tracking # : 8249

Receipt # : 3856

Registration # : [] [] [] [] [] [] (For Official Use Only)

Please ensure to include the following items:

- Completed application form endorsed by relevant authority.
- Attested copies of mark sheets of all professional examinations.
- Attested copy of MBBS Degree.
- Attested copy of one year Internship/House job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: Taken one week prior to submission of this application
- Declaration ([Download](#))
- Radiology: Evaluation Proforma need to be filled ([Download](#))



Specialty : **INTERNAL MEDICINE (4 YEAR)** Name (as per CNIC) : **MADEEHA ALI**

Father/Spouse Name : **ALI HASSAN** Gender : **FEMALE** Date of Birth : **02-02-1990**

Nationality : **PAKISTAN** Passport/CNIC : **12345-12345678**

Mailing Address : **SHIFA INTERNATIONAL HOSPITAL** Fax # :

Email : **MADEEHALI87@GMAIL.COM** Cell # : **03211234568**

Permanent Address : **SHIFA INTERNATIONAL HOSPITAL** Home/Office Tel # : **05127863458**

Name Of Medical College Attended : **SHIFA COLLEGE OF MEDICINE**

Medical College Graduation (Month/Year) : **DECEMBER/2014**

House Job Institution Name : **BENAZIR BHUTTO HOSPITAL, RAWALPINDI** Year of House Job completion : **2015**

Other Experience :

Is your application complete? **YES**

Notes:

- The application form should be attested by any consultant or Assistant Professor and above of any medical college OR any government official grade 18 and above.
- Incomplete application form will not be processed.

The hard copy of the on-line application form along with the required documents mentioned in the Application Form must be submitted to the PGME Office, Medical Staff Affairs either personally or through reliable courier service on below mentioned address:

Post Graduate Medical Education
Department of Medical Staff Affairs
Shifa International Hospitals Ltd.
Sector H-8/4, Islamabad - Pakistan