

Department of Medical Education

Guidelines for Applicants

Online Application Form (MOs, PGs, Fellows)

To Apply online, click on Login/Register under Online Application tab.



Register:

- Click on **Create an account? Sign up** on dialog box.
- On next dialog enter valid E-mail address and password and security code and click **Register.**

Account Login	
Email	Nabila
Password	Batool
58636 Enter Security Code	nabila.batoo
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Forgot Username / Password?	
Create an account? Sign up	Fe

	Register
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	REGISTER
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Demister

A password will be sent on your registered email.

Login:

Enter you registered E-mail address, password and security code and press Login.

Forgot Username / Password? Create an account? Sign up

Basic Information:

Upload your recent photograph, less than 200KB size.

Fill all mandatory fields (marked with *)

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Name (as per CNIC)*	Madeeha Ali					
ather/Spouse Name*	At Hassan					
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lationality*	Pakistan	ES				
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ax #						
Home/Office Telephone*	0519259120					
Mailing Address*	Shifa International	Hospital, Secto	r H-8/4			
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Permanent Address	Shifa International	Hospital, Secto	r H-8/4			
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City	Islamabad					
State/Province	Punjab					

Academics-I:

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

			1	Profile				Logged	in: madeehali8	7@gmail.co
House Job Institution Name 1*	Bena	zir Bhutta Haspi	ital, Rawa	Ipindi						
Duration	From	January	1	2016	E	то	June	•	2016	
iouse Job Institution Name 2	Shife	International Ho	ospital, isi	amabad						
Duration	From	July	•	2016		то	December	•	2016	
fouse Job Institution Name 3								11-11		
Duration	From	Month	•	Year	•	То	Month	•	Year	÷
iouse Job Institution Name 4										
Duration	From	Month	•	Year	•	то	Month		Year	
Medical Degree(Graduation)*	MB	BS								
Name Of Medical College Attended	Shif	a College of N	ledicine							
Month/Year	Jan	uary				F	2015			
Supplementary Exams Details	Pro	f-III in Commu	nity Hea	Ith Medicin	e					

Academics-II:

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

Residency Information:

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

				Profile				Logged	in: madeehali8	7@gmail.com
Residency Institution Name 1	Pakis	tan Institute of	Medical S	ciences Islam	abad]
Duration	From	July		2015	•	то	June		2016	
Residency Institution Name 2	Shifa	International F	lospital Isla	amabad						
Duration	From	July		2016	•	То	June		2017	
Residency Institution Name 3										
Duration	From	Month		Year	•	То	Month	•	Year	
Residency Institution Name 4										
Duration	From	Month		Year	•	То	Month		Year	

Others:

Fill the mandatory fields (marked with *)

Certification *	ACLE	
Certification Duration	R2 years	
Certification Validity	Jan 2019	
Immunization(Hep-8)	Vec	
Are you associated with any inpanization?*	Yes	
Association Details(In Case of Yes)	-6385	
Other Qualification		
Other Experience		
Pending Documents	FCPS provident result	
Is Your Application Complete *	Yes	

References:

Give two professional references and press Submit.

	Profile	Logged in: madeehali87@gmail.com
	Reference1	
Name *	Imhad Ahmad	
Organization *	Pakentan Institute of Medical Sciences	
Designation *	Gonsultant	
Contact # •	03214568791	
Email	inhad@gmail.com	
	Reference2	
Kame *	Famykti Ahmist	
Organization *	Stata International Hospital	
Designation *	Pathologist	
Contact # *	03450975123.	
Email	R0.123@hotmwl.com	
Note: Endorsement (sh	Submit	illege).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="">)</online>
ОК

Final Submission:

- Click **Online Application** tab again, select form type.
- Select Specialty.
- Press **Submit** at the bottom of page.

Submit

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	III Attested copies of mark sheets of all professional example.	nications.	
	Attested copy of MBBS Degree.		
	Attested copy of one year internatio/house job certific	ate.	
	II Attested copy of wild PMDC registration.		
	R Attested copy of PCPS Part 1 Certificate		
	One passport size photograph: taken one week pror	to submission of this application	
	III Dedication (Download)		
	Radiology: Evaluation Proforma need to be filled (Down	ticad)	
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Print:

Press Print button on the upper right corner.

	Logged In: madeehali87@gmail.co
	Apply For Residency Programme print
Registration Fees	Regular Fee Rs. 2500/- Late Fee Rs. 5000/-
Please ensure to include the follow 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)*	Alighter Az

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

Department of Medical Education

Medical Staff Affairs Shifa International Hospitals Ltd. Sector H-8/4, Islamabad -Pakistan