



Aria Institute of Medical Sciences

Application form for fellowship in endocrinology (2 years)

Form No. (Office use only)				Please Paste (Recent) Passport Size Photograph Do not staple.
FELLOWSHIP IN ENDOCRINOLOGY (2 Years)				
Institute from where graduated				
Date of graduation (MBBS) Month/Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Month		Year	
Applicant's Name As Per CNIC				
S/o, D/o, W/o				
CNIC No.	<input type="text"/>	<input type="text"/>	Date of birth (DD-MM-YY)	
Passport No (only for foreigners)				
Gender (Male/ Female)		Nationality		
PMDC Registration No.		Marital status		
Email Address				
Contact Numbers	Landline	Mobile	Emergency	
District of Local/Domicile			Province/State	
Present address				
Permanent mailing address (if different from above)				

Status of FCPS Part 1		
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The applicant who has already has endocrinology exposure, mention Details & mention remaining period	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="3">ENDOCRINOLOGY EXPOSURE</th> </tr> <tr> <th>Years</th> <th>Months</th> <th>Days</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Institution Name</td> </tr> <tr> <td colspan="3">Remaining Period</td> </tr> <tr> <th>Years</th> <th>Months</th> <th>Days</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">RTMC No. (Copy attached)</td> </tr> </tbody> </table>		ENDOCRINOLOGY EXPOSURE			Years	Months	Days				Institution Name			Remaining Period			Years	Months	Days				RTMC No. (Copy attached)		
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The Applicant who are Government Employee fill the following information and attached the relevant documents	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Regular <input type="checkbox"/></td> <td style="width: 50%;">From. _____ To _____</td> </tr> <tr> <td>Adhoc <input type="checkbox"/></td> <td>From. _____ To _____</td> </tr> <tr> <td>Deputation <input type="checkbox"/></td> <td>From. _____ To _____</td> </tr> <tr> <td>EOL <input type="checkbox"/></td> <td>From. _____ To _____</td> </tr> <tr> <td>Not Employed <input type="checkbox"/></td> <td></td> </tr> </table> <p style="text-align: right;">Check Any One</p>		Regular <input type="checkbox"/>	From. _____ To _____	Adhoc <input type="checkbox"/>	From. _____ To _____	Deputation <input type="checkbox"/>	From. _____ To _____	EOL <input type="checkbox"/>	From. _____ To _____	Not Employed <input type="checkbox"/>															
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Fee Details (Please tick one)	<p>Amount Rs. <u>3500/-</u></p> <p><input type="checkbox"/> Bank Transfer Receipt No: _____</p> <p><input type="checkbox"/> Easy Paisa Receipt No: _____</p> <p><input type="checkbox"/> Jaz Cash Receipt No. _____</p> <p>Date _____</p>																									
SSC/Equivalent Percentage		Medals/Honors																								
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Medical Graduation:				MBBS/Equivalent:		
Professional	Marks			Distinctions (if any)	Medal(s) (if any)	Attempt(s)(1 st /2 nd /3 rd /4 th)
	Obtained	Total	Percentage %			
First						
Second						
Third						
Fourth						
Final						

House Job		
Hospital	Specialty	Duration
Research (if any) as Primary Author / as Co-Author/		
WORK EXPERIENCE		
INSTITUTE / ORGANIZATION		
Department	AS (JOB TITLE)	PERIOD



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- Documents to attach (Photostat copies)
 - a. SSC Certificate
 - b. HSSC Certificate
 - c. MBBS Degree
 - d. Result cards of all professional exams
 - e. Medals, positions and distinctions certificates (if applicable)
 - f. CPSP registration certificate (if already in training program)
 - g. NIC/Passport
 - h. Local/Domicile
 - i. PMDC registration
 - j. House Job Certificate
 - k. Two passport size photographs
 - l. Original Bank Transfer receipt/copy attached.

• Please note: No application shall be entertained without the above documents **DECLARATION**

I solemnly declare that:

I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at **Aria Institute of Medical Sciences, Quetta.**

I am not suffering from any infectious disease

My selection shall be subject to clearance of medical fitness.

I understand that AIMS may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.

I have read and understood the AIMS cancellation policy.

I understand that the AIMS may obtain official records from any educational institution I have previously attended.

I, undertake to:

A) Not to “indulge in politics”, and in case, I violate this undertaking and “indulge in politics” after my admission by the AIMS, I shall be liable to expulsion without any notice under the order of the DEAN which order shall be final.

B) I accept as binding on me as long as I am a trainee, all rules and regulations in force at the time of joining and which might be framed subsequently.

C) Show good behavior;

D) Devote whole-heartedly to my studies and maintain the dignity and prestige of the Institute both in and outside the Hospital.

E) AIMS shall not provide certificate to trainees who leave the program before completion.

F) One-month prior notice is compulsory if opt to leave AIMS. In lieu of 1 month, equivalent salary maybe deposited.

Signature of the Applicant

Name of Applicant

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