



**SHAHEED MOHTARMA BENAZIR BHUTTO  
INSTITUTE OF TRAUMA KARACHI  
POST GRADUATE MEDICAL EDUCATION**

Sindh Bank Limited  
Timber Market Branch, Karachi (0315)  
A/C # 0315 387300 0101



**Due Date:** 10 Nov 2025

**Student C.N.I.C #**

41306-9375716-4

**Student Name:** Paras

**Father's Name:** Ali Nawaz

**Course:** MCPS RADIOLOGY

Detail Of Fees	Amount
Application Processing Fee	8000
Total Fee	8000
Rupees Eight Thousand Only	

The fee amount can be deposited in any Sindh Bank Branch in Pakistan

**Pay Order No./Cash:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

Receiving Branch  
Stamp & Signature

Depositor Signature

Depositor Name & CNIC

Paras Ali Nawaz  
41306-9375716-4

Note: "No payment will be received after the expiry of the due date"



SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

APPLICATION FORM FOR ADMISSIONS  
IN FCPS-II & 2nd FELLOWSHIP



Registration No: (002735) Kindly note this for future reference. Date 2025-11-07 10:23:28

SPECIALITY

MCPS RADIOLOGY

Personal Detail

Full Name

Fathers Name

Paras

Ali Nawaz

Gender

Marital Status

Email

Female

SINGLE

drparas43@gmail.com

Date of Birth

Domicile

CNIC Number

1988-02-25

Naushahro Feroze

41306-9375716-4

Nationality

City

Pakistani

Hyderabad

Mobile 1

Mobile 2

FIRST GENERATION

03040287283

0333714754

No

Home Address

SHah Latif Kitab Ghar, Gharhee Khata Hyder Chowk,

OTHER INFORMATION

Graduate Form

MBBS Passing Year

House Job 1

MBBS201

2012

Medicine

House Job 2

PMDC #

PMDC Valid Date

Surgery

62891-S

2030-08-08

Government / PVT Employee

FCPS-1 Status

FCPS-1 Cleared Date

PVT

FOR SUB-SPECIALITY CANDIDATES ONLY

02-Years Complete in MED/SUR

Date of Completion

Date of Commenced

RTMC #

Certificate Issued

Training Institute

Name of Supervisor

Student Signature: \_\_\_\_\_