

Challan No: 002748

SMBBIT Account's Copy



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

Sindh Bank Limited
Timber Market Branch, Karachi (0315) 
A/C # 0315-387300-6101

Due Date: 10-Nov-2025

Student C.N.I.C #

44107-2652753-3

Student Name: MUKESH KUMAR
Father's Name: SAJAN DAS
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: SINDH BANK

~~Receiving Branch
Stamp & Signature~~


Depositor Signature

Mukesh Kumar
44107-2652753-3

Depositor Name & CNIC

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

SINDH BANK LIMITED
CITIZEN COLONY BRANCH, HYDERABAD
10 NOV 2025
RECEIVED CASH

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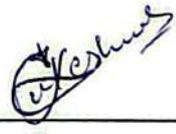
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10 NOV 2025
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SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

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



Registration No:	(002748) Kindly note this for future reference.	Date	2025-11-07 21:22:00
SPECIALITY	MCPS RADIOLOGY		
Personal Detail			
Full Name		Fathers Name	
MUKESH KUMAR		SAJAN DAS	
Gender	Marital Status	Email	
Male	SINGLE	sonanim@yahoo.com	
Date of Birth	Domicile	CNIC Number	
1996-05-23	Umerkot	44107-2652753-3	
Nationality	City		
Pakistani	UMERKOT		
Mobile 1	Mobile 2	FIRST GENERATION	
03352322542	03352322542	No	
Home Address			
Meghani mohalla ward no-9,Umerkot			
OTHER INFORMATION			
Graduate Form	MBBS Passing Year	House Job 1	
MBBS	2021	Surgery	
House Job 2	PMDC #	PMDC Valid Date	
Medicine	713449-02-M	2029-08-24	
Government / PVT Employee	FCPS-1 Status	FCPS-1 Cleared Date	
GOVT			
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: _____