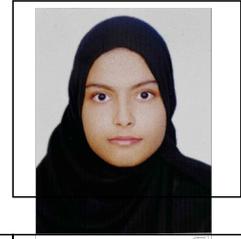




# SHAHEED BENAZIR BHUTTO INSTITUTE OF TRAUMA

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



<b>Registration No:</b>	<b>(002771) Kindly note this for future reference.</b>	<b>Date</b>	<b>2025-11-08 18:29:46</b>
<b>SPECIALITY</b>	<b>FCPS-II ORAL &amp; MAXILLOFACIAL SURGERY</b>		
<b>Personal Detail</b>			
<b>Full Name</b>		<b>Fathers Name</b>	
Hafsa Binte Khurshid		Muhammad Khurshid Ikram Kakvi	
<b>Gender</b>	<b>Marital Status</b>	<b>Email</b>	
Female	SINGLE	bintekhurshid16@icloud.com	
<b>Date of Birth</b>	<b>Domicile</b>	<b>CNIC Number</b>	
1997-07-16	Karachi East	42201-5110523-2	
<b>Nationality</b>	<b>City</b>		
Pakistan	Karachi East		
<b>Mobile 1</b>	<b>Mobile 2</b>	<b>FIRST GENERATION</b>	
03343377510		No	
<b>Home Address</b>			
C-6, Al Rehman apts bl-16 Gulshan e Iqbal khi			
<b>OTHER INFORMATION</b>			
<b>Graduate Form</b>	<b>MBBS Passing Year</b>	<b>House Job 1</b>	
BDS	2023	Dentistry	
<b>House Job 2</b>	<b>PMDC #</b>	<b>PMDC Valid Date</b>	
Dentistry	920205-02-D	2027-04-19	
<b>Government / PVT Employee</b>	<b>FCPS-1 Status</b>	<b>FCPS-1 Cleared Date</b>	
PVT	Passed	2025-08-11	
<b>FOR SUB-SPECIALITY CANDIDATES ONLY</b>			
<b>02-Years Complete in MED/SUR</b>	<b>Date of Completion</b>	<b>Date of Commenced</b>	
<b>RTMC #</b>	<b>Certificate Issued</b>	<b>Training Institute</b>	
<b>Name of Supervisor</b>			

**Student Signature:** Hafsa

Challan No: 002771

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 #

42201-5110523-2

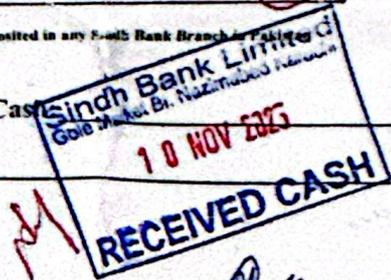
Student Name: Hafsa Binte Khurshid  
Father's Name: Muhammad Khurshid Ikram Kakvi  
Course: FCPS-II ORAL & MAXILLOFACIAL SURGERY

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

May 422015167173  
Depositor Name & CNIC

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

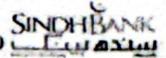
Challan No: 002771

Student's Copy



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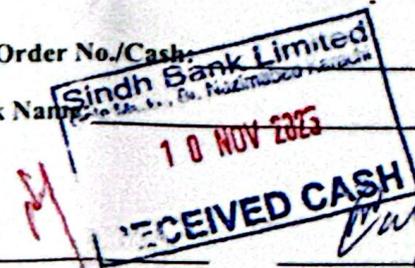
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