

**QUAID-E-AZAM INTERNATIONAL HOSPITAL ISLAMABAD**  
(A Project of Global Health Services)

**APPLICATION FORM FOR PG-TRAINING**

SPECIALITY APPLIED FOR \_\_\_\_\_ YEAR \_\_\_\_\_

**PARTICULARS OF CANDIDATE**

Name of the Candidate \_\_\_\_\_

Father's name/Husband name \_\_\_\_\_

Date of birth \_\_\_\_\_ Domicile \_\_\_\_\_ Nationality \_\_\_\_\_

Photograph

**ACADEMIC RECORD**

Examination Passed	Year of passing	Institution	Univeristy/Institution
MBBS'S			
HOUSE JOB			
FCPS-I			
IMM			

**GENERAL**

- a. Have you ever been removed or expelled from any Institution? \_\_\_\_\_ Yes No \_\_\_\_\_
- i. Name of the Institution \_\_\_\_\_
- ii. Year \_\_\_\_\_ Period of removal/expulsion \_\_\_\_\_
- iii. Reason for punishment \_\_\_\_\_
- b. Any disciplinary action other than removal/expulsion taken against you like fines, Compulsory migration etc. \_\_\_\_\_ Yes \_\_\_ No
- c. Are you suffering from any illness or disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby solemnly declare that:

- i. Will maintain good behavior and pay all dues regularly. Will not inform or take part in any union/parties.
- ii. Will work diligently and maintain the dignity and prestige of the QIH Hospital, Islamabad both in and outside the Hospital.
- iii. Will be a full time and regular trainee of the QIH Hospital and shall not accept any employment for the duration of the training.
- iv. The information given in the Application Form is correct to the best of my knowledge and belief. And if anything is found incorrect, QIH Hospital Islamabad will have the right to terminate my training.
- v. In case of any disagreement, the decision of Hospital administration will be final and abiding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
National Identity Card Number

\_\_\_\_\_  
Present Address \_\_\_\_\_

\_\_\_\_\_  
Permanent Home Address \_\_\_\_\_

\_\_\_\_\_  
Mobile No. \_\_\_\_\_

**DOCUMENTS (PHOTO COPIES) TO BE ATTACHED**

- a. MBBS
- b. HOUSE JOB CERTIFICATE
- c. FCPS- I
- d. IMM
- e. PMC REGISTRATION
- f. PHOTOGRAPHS-2
- g. COPY OF CNIC

**UNDERTAKING**

I, Dr. \_\_\_\_\_ S/O, D/O \_\_\_\_\_

residence address (Permanent) \_\_\_\_\_

\_\_\_\_\_ hereby

undertake to abide by all the rules and regulations of QIH Hospital and promise to

abide by the following:-

1. I will not take any action which may interfere with the normal functions of the hospital.
2. I will not use violence, threat or engage in any illegal activity detrimental to the hospital discipline.
3. I will not attend any meeting unless authorized by Chief Executive Officer, Chief Operating Officer, Professor Concerned of QIH Hospital.
4. I will not become member of any political organization or indulge in politics but will concentrate on my studies.
5. I will not damage the hospital property.
6. I will be very punctual in attending my duties.
7. I will not be absent from my duty without the permission.
8. I will attend my duty in proper uniform (white coat).
9. I will abide by the code of conduct and rules & regulations of Doctors Hostel.
10. In case I violate any of the above mentioned regulations or left my training incomplete /in the way, I will refund all the dues/stipend, will not claim for experience certificate, refund of security deposit and also will be liable to any punishment under the rules.
11. I will vacate the hostel accommodation immediately after completion of my House Job Training. In case of failure, I will be bound to pay Rs.2000/- per day for extra stay in the hostel.

Signature of Trainee \_\_\_\_\_

P.M.D.C. Registration No. \_\_\_\_\_

NIC No. \_\_\_\_\_



