



Online Application Form For FCPS-II (OTHER SUBJECTS)

Appearing In:	Theory			
Fee Type:	Bank Challan	Fee Amount:	PKR 15050	
Fee Submission City	Karachi			
Receipt #:	KHI-C-17-10127	Receipt Date:	21-10-2017	
Bank Name:	UNITED BANK LTD			
Branch Name:	Sunset Boulevard Branch, Karachi (1620)			

Profile Information

CPSP ID:	2012-2649	Form No: 742-85591
Medical Reg. No:	B-59579-S	Repeater (Theory)
PMDC Issue/Exp. Date:	25-04-2016 ---- 31-12-2020	Karachi
Full Name:	MUHAMMAD ZULQURNAIN	ANAESTHESIOLOGY
Father's Name:	ZULFIQAR ALI	CPSP ID: 2012-2649
Nationality:	Pakistan	ANS-2012-183-1251
Identity Card No:	42301-9787489-9	
Date of Birth:	09-08-1984	
Email:	dr.zulqarnainsurwa@yahoo.com	
Gender / Marital Status:	Male / Married	

Present/Mailing Address (Residential Only)

Address:	R.C 4/419,REVERA JALAL STREET (IQBAL HOTI ROAD),GAZDARABAD,NEAR JUBILEE MARKET. Karachi, Sindh, Pakistan		
Tel (Res.):		Tel (Office):	
Cell:	03322169023	Postal Code:	

Permanent Address (Residential Only)

Address:	R.C 4/419,REVERA JALAL STREET (IQBAL HOTI ROAD),GAZDARABAD,NEAR JUBILEE MARKET. Karachi, Sindh, Pakistan		
Tel (Res.):		Tel (Office):	
Cell:	03322169023	Postal Code:	

Particulars of Last Examination Appeared

Roll Number:	10014	Date of Examination:	26-07-2017
Enrolment:		Center:	Karachi

Declaration

I do hereby declare that information given above is correct to the best of my knowledge. Incorrect information may lead to cancellation of enrollment / admission / results and disciplinary action.

Signature of Candidate: _____
Dated: 21-10-2017

Name: MUHAMMAD ZULQURNAIN

- For quick and effective communication all correspondence with the candidates will be done through email rather than by postal means / courier.
- Overwriting is not allowed on the hard copy of the application form nor any candidate is allowed to change his/her particular electronically.
- Once entered in the application the center will only be changed after submission of prescribed fee for this change.
- Candidates are advised to attach a hand written application if they want to change their particulars.
- If you have any problem then contact at this number: 021-99266400-410 Ext. 246 or email at fcps2b@cpsp.edu.pk.

ORIGINAL

- Concerned Department



UNITED BANK LTD

Branch: Sunset Boulevard Branch, Karachi (1620) Account #: 100-4666-8



College of Physicians and Surgeons Pakistan

Bank Challan

Center: Karachi RTMC No: ANS-2012-183-1251
 Receipt #: KHI-C-17-10127 Receipt Date: 21-10-2017
 Name: MUHAMMAD ZULQURNAIN

Form No: 742-85591

Fee Type	Session	Amount
Exam Fee - FCPS-II	MAR-2018	PKR 15050
Total:		PKR 15050
Amount in words: Fifteen Thousand and Fifty Only (PKR)		

Candidate / Depositor Signature

Receiver's Signature

Contact No: _____

DUPLICATE

- Applicant



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