COLLEGE OF PHYSICIANS AND
SURGEONS PAKISTAN
7th Central Street, Defence Housing Authority, Phase II, Karachi (Pakistan)
Tel: (021) 99207100-10; UAN: 111-606-606; Fax (021) 35881444 & 99207120;
E-mail: examinations@cpsp.edu.pk; Web: www.cpsp.edu.pk

REGISTRATION FORM (FCPS)
MARCH 2013 EXAMINATION

PLEASE FILL ALL COLUMNS IN CAPITAL LETTERS

NAME

FATHER'S/HUSBAND'S NAME

SUBJECT

ROLL NO.

MARITAL STATUS

DATE OF BIRTH

N.I.C. NO.: ____________ ____________ ____________

BANK DRAFT NO. FOR REGISTRATION FEE: __________________________ DATE:

NAME OF BANK

PERMANENT ADDRESS:
(Residential only)

MAILING ADDRESS:
(Residential only)

TEL RES. : ____________________________ CLINIC: ____________________________

HOSP.: ____________________________ FAX: ____________________________

MOBILE: ____________________________ E-MAIL: ____________________________

DATE OF SUBMISSION: ____________________________

SIGNATURE OF FELLOW: ____________________________

Staple one attested colour photograph. (on the front side)
Three more attested (on the back side) photographs to be enclosed in an envelope passport size