MCPS TRAINING
RE-REGISTRATION FORM
FOR PREVIOUSLY REGISTERED TRAINEES IN CASE OF CHANGE OF SUPERVISOR/CHANGE OF INSTITUTION

(FILL ALL COLUMNS IN CAPITAL LETTERS)

DATE OF APPLICATION:  

**Personal Data**

| NAME: |  
| FATHER/HUSBAND'S NAME: |  
| PRESENT MAILING ADDRESS |  
| (Residential Only): |  
| TEL OFF. | TEL RES. |  
| MOBILE: | FAX: | E-MAIL: |  

**Previous Training Details**

| RTMC REGISTRATION NUMBER: |  
| NAME OF INSTITUTION: |  
| NAME OF SUPERVISOR: |  
| CHOSEN SPECIALITY FOR MCPS: |  
| DATE OF INITIAL COMMENCEMENT OF TRAINING: | DAY | MONTH | YEAR |  

**Institutional/Supervisor Data**

| NAME OF UNIT/DEPARTMENT: |  
| NAME OF CHOSEN SUPERVISOR WITH DESIGNATION: |  
| DATE OF JOINING PRESENT TRAINING: | DAY | MONTH | YEAR |  
| SPECIFY THE REASON FOR CHANGE: |  

7th Central Street, Phase II, DHA, Karachi-75500 Tel. No. 9207100-10; Fax 9207138; UAN: 111-606-606; Website: www.cpsp.edu.pk
Data of Training Already Completed

DETAILS OF TRAINING COMPLETED SO FAR (Please enclosed on prescribed form)

IN CASE THERE HAS BEEN A BREAK IN TRAINING

(A) SPECIFY DATES

(B) REASON / JUSTIFICATION

(C) WHETHER CPSP WAS INFORMED, IF NOT, WHY

EXPECTED DATE OF COMPLETION OF OVERALL TRAINING

Undertaking

The information given by me in this form is entirely correct. I am fully aware of the fact that in case any candidate gives wrong information on any account, he/she is liable to punitive action by the CPSP, which may include cancellation of the registration and debarring from appearing in CPSP examinations for such period as may be specified by the CPSP.

I undertake to keep the CPSP informed of the progress of training from time to time and when required.

I also undertake to inform CPSP promptly in case of transfer / change of supervisor, failing which my unsupervised period of training is liable for cancellation, besides being ready to pay such penalty as may be specified by CPSP.

SIGNATURE OF TRAINEE WITH DATE

Supervisor's Consent

NAME OF CANDIDATE:

NAME OF DEPT. / INSTITUTION:

I AM WILLING TO SUPERVISE THE ABOVE NAMED MCP TRAINEE IN THE SPECIALITY OF

SIGNATURE OF HEAD OF INSTITUTION & STAMP

SIGNATURE OF SUPERVISOR & STAMP

NOTE  ENCLOSE ATTESTED COPIES OF FOLLOWING VALID DOCUMENTS:

1. Three coloured photographs (one photograph to be attested in front and pasted in the box, two to be attested on the back). Photographs should indicate name of candidate in capital letters.

2. Appointment / Placement Order issued by institution's administration Department.

3. Letter of joining from the department

4. Copy of RTMC Registration Certificate for each supervisor (mentioned in training proforma).

5. Experience Certificate by each approved supervisor.

6. Experience Proforma

The enclosed proforma must be filled up in full. If incomplete the application will not be entertained.

IMPORTANT NOTE

IN FUTURE ALL COMMUNICATION WITH TRAINEES REGISTERED WITH RTMC WILL BE DONE THROUGH EMAIL FOR QUICK AND EFFECTIVE COMMUNICATION. IT IS ESSENTIAL THAT THE CANDIDATE SHOULD MENTION HIS/HER RTMC REGISTRATION NUMBER FAILING WHICH EMAIL/CORRESPONDENCE WILL NOT BE ENTERTAINED.

FOR OFFICE USE ONLY

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