1st NATIONAL EXAMINATION ORIENTED NEUROSURGERY CLINICAL COURSE
AT CPSP REGIONAL CENTER PESHAWAR

Neurosurgery Department PGMI/Lady Reading Hospital Peshawar and CPSP is organizing 1st National Examination Oriented Clinical Course for FCPS candidates of NEUROSURGERY from 28th March to 1st April, 2012.

Salient features include:
➢ Literature discussion by the guest speaker
➢ Clinical case discussions
➢ Demonstration of skills for Short & Long Cases and Table Viva
➢ Clinical examination
➢ Mock examination

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<thead>
<tr>
<th>Date / Time</th>
<th>Registration Fee</th>
<th>Last Date of Registration</th>
<th>Venue</th>
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<tr>
<td>28 March-01 April, 2012</td>
<td>Rs.5,000/-</td>
<td>26 March, 2012</td>
<td>CPSP Regional Centre, Hayatabad Medical Complex, Phase IV, Hayatabad, Peshawar</td>
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<td>8:30 a.m. to 1.30 p.m.</td>
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1. Senior Examiners from all over the country will be the resource persons
2. Final year residents and those appearing for examination will be given preference.
3. Free food and accommodation.

Registration:

Registration forms are available at CPSP Regional Center, Peshawar. The Registration will be on first come first served basis.

Focal Person for Registration:

Mr. Fasih Ullah
Assistant Manager
CPSP, RC Peshawar.
Phone#: 091-9217011/9217320-21

Course Organizer

Prof. Mumtaz Ali
Professor &
Head of Neurosurgery Deptt;
PGMI/ LRH, Peshawar.

Course Coordinator

Dr. Shahid Ayub
Assistant Professor,
Neurosurgery Department,
PGMI/LRH, Peshawar
Cell#: 0333-9159312
COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN
REGIONAL CENTRE PESHAWAR

REGISTRATION FORM

1st National Examination Oriented Neurosurgery Clinical
Course at CPSP Regional Centre Peshawar
28 March - 01April, 2012

NAME: ____________________________  Male  Female

FATHER / HUSBAND'S NAME: ____________________________

NAME OF INSTITUTION: ____________________________

SUPERVISOR'S NAME: ____________________________

RTMC No: ____________________________

MAILING ADDRESS: ____________________________

__________________________

TELEPHONE NO: Res: ____________________________ Mobile: ____________________________

E-mail: ____________________________

Venue (City): ____________________________

Registration fee: Rs. 5,000/-  Received Signature: ____________________________

Signature of Applicant: ____________________________

Date: ____________________________