



SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES (SIOVS), HYDERABAD

@ Eye Hospital Journalist Colony, Hyderabad

Phone: +92-22-9210351-2 (Ext: 144)

Web: www.siovs.edu.pk, Email: dir.acd@siovs.edu.pk

APPLICATION FOR ADMISSION IN POSTGRADUATE RESIDENCY PROGRAM IN OPHTHALMOLOGY (Session- July 2025)

Photograph

FCPS-II
OPHTHAMOLOGY

☐

2ND FELLOWSHIP
IN ORBIT AND
OCULOPLASTICS

☐

MCPS
OPHTHLMOLOGY

☐

Challan/Draft/Pay Order No:

Dated:

PRIVATE
CANDIDATE

☐

IN-SERVICE
CANDIDATE

☐

Name of Bank:

(Please attach original bank draft)

PERSONAL INFORMATION

Name:

Marital Status:

Father's Name:

Husband's Name :(If applicable)

Address (Present):

Address (Permanent):

Telephone no(s):

Residential:

Contact# (1):

Mobile# (2):

Email:

Date of Birth:

Nationality:

Religion:

Domicile:

Blood Group:

CNIC#:

Valid Up-to:

PMDC Registration #:

Valid Up-to:

Name of Employer/Organization:
(For In-service Candidate only)

Present Posting/Position:

Passport No:

For Foreigners only)

Country:

Date:

Candidate's Signature:

ACADEMIC RECORD

Year of Graduation:		University / College /Institute:		
Examination Passed	Year	Number of Attempts	Marks Obtained / Out of	G.P.A / Percentage
First Prof:				
Second Prof:				
Third Prof:				
Fourth Prof:				
Final Prof:				
Any Other Qualification				

DETAILS OF FCPS-I (For FCPS-II Training) Please attach evidence

Year of Passing:	
Number of Attempts	
Fellowship Number:	
Any Other Qualification	

DETAILS OF FCPS-II (For 2nd Fellowship) Please attach evidence

Year of Passing:	
Number of Attempts	
Fellowship Number:	
Any Other Qualification	

RECORD OF JOB EXPERIENCE /EMPLOYEEMENT / RESIDENCY/HOUSE JOB			
Nature of Job	Description/Specialty	Duration	Institution
1. House Job	a) b) c) d)		
2. Residency	a) b) c) d)		
3. All Jobs (In Chronological order)			

(Attach additional sheet, if necessary)

PUBLICATIONS IN PMDC RECOGNIZED JOURNALS		
S#	Title	Issue of journal/Year
1.		
2.		
3.		

(Attach additional sheet, if necessary)

LIST OF COURSES /WORKSHOPS/ TRAININGS ATTENDED (IF ANY)

(Attach additional sheet, if necessary)

REFERENCES:	
Name of two reputed & Responsible Persons	
REFERENCE-I	REFERENCE-II
Name:	Name:
Position:	Position:
Address:	Address:
Contact#:	Contact#:
Email	Email

DECLARATION

I Dr _____ S/D/W/O _____ bearing CNIC# _____ solemnly declare under oath that the information furnished in this application form is correct to the best of my knowledge. I further undertake that I shall abide all the rules & regulations of Post Graduate Training Program at SIOVS.

Date: _____

CANDIDATE'S SIGNATURE

Please read & follow the instruction before filling the applicant form.
INSTRUCTIONS
<ol style="list-style-type: none"> 1. Please complete all the parts, (Incomplete form /short documents will not be entertained). 2. Attach Original Bank Draft/Pay Order for an amount of Rs.5000/- in favor of Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) Hyderabad. 3. Please write in CAPITAL & use black ink. 4. Attach all attested photocopies of relevant documents. 5. The Selected Candidate must provide Medical Fitness Certificate from a registered Medical Practitioner / Medical Officers with PMDC No and Name Stamp

CHECK LIST OF DOCUMENTS

Please fill all the columns & tick ads appropriate.	Y	N
1. FCPS Part-I Pass (Letter required for admission in FCSP Part-II).	<input type="checkbox"/>	<input type="checkbox"/>
2. FCPS Part-II Pass (Letter required for admission in 2 nd Fellowship).	<input type="checkbox"/>	<input type="checkbox"/>
3. Four passport size recent photographs with white back ground.	<input type="checkbox"/>	<input type="checkbox"/>
4. MBBS Degree	<input type="checkbox"/>	<input type="checkbox"/>
6. Valid PMDC Registration Certificate. Note: Application will be rejected if PMDC Registration is Expired.	<input type="checkbox"/>	<input type="checkbox"/>
6. House Job Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>
7. Consolidated & separate Marks Sheets of all professional examinations.	<input type="checkbox"/>	<input type="checkbox"/>
8. Matric Certificate showing date of birth	<input type="checkbox"/>	<input type="checkbox"/>
9. CNIC	<input type="checkbox"/>	<input type="checkbox"/>
10. Domicile & PRC	<input type="checkbox"/>	<input type="checkbox"/>
11. Bank Challan/Bank Draft (Original) /Draft/Pay Order No: Dated:	<input type="checkbox"/>	<input type="checkbox"/>
12. Certificate of any other qualification	<input type="checkbox"/>	<input type="checkbox"/>
13. Publication(s) (if any) (copy of Publication(s) /original attached.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Certificate of present posting employment(if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
15. N.O.C from parent department (for in-service candidate only)	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<u>Signature of Candidate</u>	

FOR OFFICE USE ONLY

Receipt No: _____	Seat No: _____
Documents: Complete/Incomplete _____	Eligible: _____ Not Eligible: _____
Part-I/Entry Test Marks: _____	Total Marks: _____

**SLIP
FOR ADMISSION IN
2ND FELLOWSHIP (CPSP) IN ORBIT AND OCULOPLASTICS ,
FCSP PART-II AND MCPS (OPHTHALMOLOGY) TRAINING PROGRAM
ACADEMIC SESSION 2025**

Photograph

Seat No		Form No.	
Training		Venue	
Date		Time	
Name:			
S/O , D/O, W/O:		CNIC No:	
Signature of Candidate		Signature of the Incharge Academics(with seal)	

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ACADEMIC SESSION 2024**

Photograph

Seat No		Form No.	
Training		Venue	
Date		Time	
Name:			
S/O , D/O, W/O:		CNIC No:	
Signature of Candidate		Signature of the Incharge Academics(with seal)	

<div><div><div>Name: _____</div><div>Address: _____</div><div>_____</div><div>_____</div><div>Contact# _____</div></div></div>	<div><div><div>Name: _____</div><div>Address: _____</div><div>_____</div><div>_____</div><div>Contact# _____</div></div></div>
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