

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

@ Eye Hospital Journalist Colony, Hyderabad

Phone: +92-22-9210351-2 (Ext: 145)

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

## APPLICATION FOR ADMISSION IN POSTGRADUATE RESIDENCY TRAINING PROGRAM IN OPHTHALMOLOGY (Session- July 2026)

Please paste a Photograph

<b>FCPS Orbit &amp; Oculoplastics</b> <input type="checkbox"/>	<b>FCPS-II OPHTHAMOLOGY</b> <input type="checkbox"/>	<b>MCPS OPHTHLMOLOGY</b> <input type="checkbox"/>
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<b>Bank Draft/Pay Order No:</b> <b>Dated:</b> <b>Name of Bank:</b> (Please attach original bank draft/Pay order)	<b>PRIVATE CANDIDATE</b> <input type="checkbox"/>	<b>IN-SERVICE CANDIDATE</b> <input type="checkbox"/> Provide departmental NOC
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### PERSONAL INFORMATION

<b>Name:</b>	<b>Marital Status:</b>
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<b>Father's Name:</b>
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<b>Husband's Name :( If applicable)</b>
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<b>Address (Present):</b>
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<b>Address (Permanent):</b>
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<b>Telephone no(s):</b>		<b>Emergency contact #</b>
<b>Mobile # (1):</b>	<b>Mobile# (2):</b>	<b>Email:</b>

<b>Date of Birth:</b>	<b>Nationality:</b>
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<b>Religion:</b>	<b>Domicile:</b>	<b>Blood Group:</b>
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<b>CNIC#:</b>		<b>Valid Up-to:</b>
<b>PMDC Registration #:</b>		<b>Valid Up-to:</b>

<b>Name of Employer/Organization:</b> (For In-service Candidate only). NOC of Govt./Employer Required) <b>Present Posting/Position:</b>
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<b>Passport No:</b> For Foreigners only)	<b>Country:</b>
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<b>Date:</b>	<b>Signature of candidate</b>	
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<b>ACADEMIC RECORD</b>				
<b>Year of Graduation:</b>		<b>University / College /Institute:</b>		
<b>Examination Passed</b>	<b>Year</b>	<b>Number of Attempts</b>	<b>Marks Obtained / Out of</b>	<b>G.P.A / Percentage</b>
<b>First Prof:</b>				
<b>Second Prof:</b>				
<b>Third Prof:</b>				
<b>Fourth Prof:</b>				
<b>Final Prof:</b>				
<b>Any Other Qualification</b>				

<b>DETAILS OF FCPS-I (For FCPS-II Training)</b> <b>Detail of FCPS-II Ophthalmology for FCPS Orbit &amp; Oculoplastic</b> Please attach evidence	
<b>Year of Passing:</b>	
<b>Number of Attempts</b>	
<b>CPSP ID</b>	
<b>CPSP Letter # &amp; date</b>	

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

(Attach additional sheet, if necessary)

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

(Attach additional sheet, if necessary)

<b>LIST OF COURSES /WORKSHOPS/ TRAININGS ATTENDED (IF ANY)</b>

(Attach additional sheet, if necessary)

<b>REFERENCES:</b>	
<b>Name of two reputed &amp; Responsible Persons</b>	
<b>REFERENCE-I</b>	<b>REFERENCE-II</b>
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact#:</b>	<b>Contact#:</b>
<b>Email:</b>	<b>Email:</b>

### **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, guidelines and policies of the  
 SIOVS and CPSP.

**Date:** \_\_\_\_\_

**CANDIDATE'S SIGNATURE**

# CHARACTER CERTIFICATE

**This is to certify that** Mr./Ms/Mrs. \_\_\_\_\_, **Son/  
Daughter/Wife of**

Mr. \_\_\_\_\_, is known to me for the last \_\_\_\_\_ Year(s) /  
Month(s).

To the best of my knowledge, He/She bears a good moral character. This certificate is  
being issued to her for the purpose of her/his **Postgraduate Ophthalmology Training  
Program 2026.**

**Signature:** \_\_\_\_\_

**Name of Issuing Authority:** \_\_\_\_\_

**Date:**

**Official Seal:**

**MEDICAL FITNESS CERTIFICATE**  
**GENERAL HEALTH STATUS**

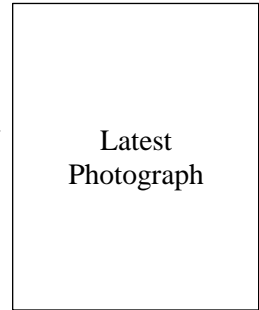
Name: \_\_\_\_\_

S/o, D/o, W/o: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

C.N.I.C: \_\_\_\_\_ Valid up to: \_\_\_\_\_

Marks of Identification: \_\_\_\_\_



**PHYSICAL EXAMINATION FINDING**

1. Weight: \_\_\_\_\_ (kg), Height: \_\_\_\_\_ (cm), Blood Group: \_\_\_\_\_

2. Blood Pressure (Systolic/Diastolic): \_\_\_\_\_ 3. Lungs: \_\_\_\_\_

4. Heart Rate Beat per minute: \_\_\_\_\_ 5. Hearing: \_\_\_\_\_

5. Vision: Left Eye \_\_\_\_\_, Right Eye \_\_\_\_\_ Glasses: Yes / No

7. Any Impediment in Speech: \_\_\_\_\_

8. Any Disability: \_\_\_\_\_

9. Any Neurological/Psychiatric disease, (if yes, please give details) \_\_\_\_\_

10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) \_\_\_\_\_

11. Any significant disease diagnosed in the past: \_\_\_\_\_

12. Vaccinated against communicable diseases Yes / No \_\_\_\_\_

13. Taking any medicine on regular basis (if yes, please give details) \_\_\_\_\_

14. Allergies if any: \_\_\_\_\_

15. Any Communicable / Contagious Disease: \_\_\_\_\_

**I certify that I have examined Dr. \_\_\_\_\_ who is a candidate for admission in CPSP residency training program in Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) Hyderabad and could not notice that he/she has any physical or mental disease and is FIT for undertaking studies/training.**

\_\_\_\_\_  
Signature of Doctor with Stamp  
PM&DC Reg. No.

Dated: \_\_\_\_\_

## **Application Submission Guidelines**

Please read & follow the instruction before filling the applicant form.

For further details, please visit [www.siovs.edu.pk](http://www.siovs.edu.pk)

All applicants are advised to carefully follow the instructions below. Incomplete forms or short submissions will not be entertained under any circumstances.

**1. Form Completion**

Ensure that *all sections* of the application form are duly filled. Incomplete forms will be rejected without review.

**2. Application /Prospectus charges**

Attach an original Bank Draft/Pay Order of Rs. 5000/- made in favor of:  
Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad

**3. Form Filling Instructions**

Please use BLACK INK and write in BLOCK CAPITAL LETTERS throughout the form.

**4. Document Submission**

Attach attested photocopies of all relevant documents with the application.

**5. For Government Employees**

Applicants currently serving in government departments must submit a valid Departmental No Objection Certificate (NOC).

The NOC must explicitly state that, *in the event of final selection*, the candidate will be permitted to join the training program.

**6. For Private Candidates**

Applicants not employed in any government department must submit an Affidavit on Court Paper worth Rs. 200/-, duly attested by a Notary Public or Oath Commissioner. The affidavit must affirm that the applicant is not appointed to nor currently serving in any government position.

*This affidavit is mandatory and must accompany the application form.*

## CHECK LIST OF DOCUMENTS

Please fill all columns and tick (✓) the appropriate boxes.  
Incomplete checklists may lead to application rejection.

1. FCPS Part-I Pass (Letter required for admission in FCPS Part-II).	YES	NO
2. FCPS Part-II Pass (Letter required for admission in FCPS Orbit & Oculoplastics).	YES	NO
3. Six (6) recent passport-size photograph with white background	YES	NO
4. MBBS Degree	YES	NO
5. Valid PMDC Registration Certificate. Note: Application will be rejected if PMDC Registration is Expired.	YES	NO
6. House Job Certificate(s)	YES	NO
7. Consolidated / Separate Marks Sheets of all professional examinations.	YES	NO
8. Matric Certificate showing date of birth	YES	NO
9. Valid CNIC	YES	NO
10. Domicile & PRC	YES	NO
11. Bank Challan/Bank Draft (Original) Bank Draft/Pay Order No: _____ Dated: _____	YES	NO
12. Certificate of any other qualification	YES	NO
13. Publication(s) (if any) (copy of Publications)	YES	NO
14. Certificate of present posting/ employment (if applicable)	YES	NO
15. N.O.C from parent department (for in-service candidate only)	YES	NO
16. Affidavit from In-service / Government employees	YES	NO
17. Affidavit from Private candidates	YES	NO
18. Character Certificate	YES	NO
19. Medical Fitness Certificate	YES	NO
<b>Date:</b> _____	<b><u>Signature of Candidate</u></b>	

### FOR OFFICE USE ONLY

<b>Form No:</b> _____	<b>FCPS/MCPS</b>	_____
<b>Documents: Complete/Incomplete</b> _____	<b>Eligible:</b> _____	<b>Not Eligible:</b> _____
<b>Entry Test Marks:</b> _____	<b>Total Marks:</b> _____	_____

**PRE ENTRY TEST ADMISSION SLIP  
 FCPS ORBIT & OCULOPLASTICS  
 FCPS PART-II AND MCPS (OPHTHALMOLOGY)  
 TRAINING PROGRAM  
 SESSION: JULY 2026**

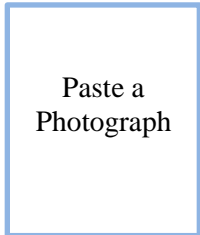


FCPS-II/MCPS		Venue	<b>Academic Block, SIOVS</b>
Date	<b>16<sup>th</sup> June 2025</b>	Time	
Name:			
S/O , D/O, W/O:		CNIC No:	
Signature of Candidate		Signature of Incharge Academics (with stamp)	

**Candidate must sign and clearly write their Full Name, Father's Name, and CNIC Number.**

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**PRE ENTRY TEST ADMISSION SLIP  
 FCPS ORBIT & OCULOPLASTICS  
 FCPS PART-II AND MCPS (OPHTHALMOLOGY)  
 TRAINING PROGRAM  
 SESSION: JULY 2026**



FCPS-II/MCPS		Venue	<b>Academic Block, SIOVS</b>
Date	<b>16<sup>th</sup> June 2026</b>	Time	
Name:			
Father's Name		CNIC No:	
Signature of Candidate		Signature of Incharge Academics (with stamp)	

**Candidate must sign and clearly write their Full Name, Father's Name, and CNIC Number.**