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

@ Eye Hospital Journalist Colony, Hyderabad
Phone: +92-22-9210351-2 (Ext: 141)
Web: www.siovs.edu.pk, Email: dir.acd@siovs.edu.pk

APPLICATION FOR ADMISSION IN 2ND FELLOWSHIP IN GLAUCOMA 2 YEARS RESIDENCY TPROGRAM (Session- July 2026)

Please paste a Photograph

Bank Draft/Pay Order No: **Dated:** **Name of Bank:** (Please attach original bank draft/Pay order)	**PRIVATE CANDIDATE** ☐	**IN-SERVICE CANDIDATE** ☐ Provide departmental NOC

PERSONAL INFORMATION

Name:	**Marital Status:**
Father's Name:	
Husband's Name :(If applicable)	
Address (Present):	
Address (Permanent):	

Telephone no(s):			**Emergency contact #**
Mobile # (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).
NOC of Govt./Employer Required)
Present Posting/Position:

Passport No: **Country:**
For Foreigners only)

Date: **Signature of candidate**

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-II **Please attach evidence**	
Year of Passing:	
Number of Attempts	
CPSP ID	
CPSP Letter # & date	

RECORD OF JOB EXPERIENCE /EMPLOYEEMENT / RESIDENCY/HOUSE JOB			
Nature of Job/Internship	**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)

REFRENCES:	
Name of two reputed & Responsible Persons	
REFRENCE-I	**REFRENCE-II**
Name: **Position:** **Address:** **Contact#:** **Email:**	**Name:** **Position** **Address** **Contact** **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 myknowledge. 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 for the purpose of admission in **Second Fellowship in Glaucoma (2 Years Residency Program 2026).**

Signature: _____

Name of Issuing Authority: _____

Dated : _____

Official Seal

(TO BE ISSUED BY AN OFFICER OF BPS-18 & ABOVE

MEDICAL FITNESS CERTIFICATE
GENERAL HEALTH STATUS

Latest Photograph

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

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

Date:	**Signature of Candidate**

FOR OFFICE USE ONLY			
Form No:	_____	**FCPS/MCPS**	_____
Documents: Complete/Incomplete	_____	**Eligible:**_____	**Not Eligible:**_____
Entry Test Marks:	_____	**Total Marks:**	_____

INTERVIEW SLIP
2ND FELLOWSHIP IN GLAUCOMA (2 YEAR RESIDENCY PROGRAM)
SESSION: JULY 2026

Paste a Photograph

Date	**17th July 2026**	Venue	**Academic Block, SIOVS**
Day	**Friday**	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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