



Dental College HITEC-IMS Taxila Cantt

FCPS - II Application Form

1. Personal Details:-

a.	Name		
b.	Father's Name		
c.	Date of Birth		
d.	Gender		
e.	CNIC Number		
f.	Domicile		
g.	Contact Number		
h.	Email. ID		
i.	Address		
j.	Specialty (Choose One):-	<input type="checkbox"/> Operative Dentistry	<input type="checkbox"/> Orthodontics

2. Academic Record:-

	Passing Date	Institution	Percentage
FCPS-I			
BDS			
FSc			

3. Experience:-

	Designation	Institution	From Date	To Date
a.				
b.				
c.				

4. Publications:-

	Title	Journal	Date of Publication
a.			
b.			
c.			

Date : _____

Candidate Signature

Required Documents for Application Form

S.No	Document Type	Qty
1.	Photograph Passport Size	02
2.	CNIC Copy (Attested)	01
3.	FCPS-I Passing Certificate (Attested)	01
4.	BDS Degree (Attested)	01
5.	BDS Transcript (Attested)	01
6.	Domicile (Attested)	01
7.	Employer's NOC (If Applicable)	01
8.	Curriculum Vitae	01
9.	Experience Certificate (if Any)	01
10.	Publication Abstract	01