

PREVIOUS EMPLOYMENT DETAILS	
Previously Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration: ____ ____ ____ To ____ ____ ____
If Yes: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> Self	Reason of leaving: _____ (Also attach Resignation/Relieving/Termination letter)
Name of Organization: _____	
Contact Details: _____	Address: _____
LIST TWO (02) REFERENCES NOT RELATED TO YOU	
Name: _____	Occupation: _____ Contact#: _____
Name: _____	Occupation: _____ Contact#: _____
CONTACT PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
Name: _____ <small>Name in Block Letters</small>	Relation: _____
Mobile #: _____	Home Phone #: _____
UNDERTAKING	
<p>1. I will abide by all rules and regulations enforced at National Institute of Cardiovascular Diseases, Karachi at present and those which may be enforced at any time in the future.</p> <p>2. I will not work anywhere else during my training program.</p> <p>3. I will not indulge in any political activity, including unionism or political groupings.</p> <p>4. I will protect and preserve the property of NICVD at all the times and will make all efforts to prevent others from causing any damage or destruction to the Institute's property.</p> <p>5. I understand that in case of disciplinary/ethical misconduct or inadequate performance either in clinical or in examination, the concerned authority can review my performance and make recommendation including termination of training.</p> <p>6. If I am found involved in any unlawful activity in contravention of the above terms and conditions at any stage during my training at NICVD, the Institute will have the right to terminate my training.</p> <p>7. I solemnly declare that the information provided by me on this Application Form is complete and accurate to the best of my knowledge. I understand that declaration of any false or misleading information will result in immediate cancellation of my admission and termination from the Institute.</p>	
Dated: _____	Signature of Applicant: _____
ATTESTED DOCUMENTS REQUIRED	
1.	02 Passport size photographs (back side attested).
2.	01 Computerized National Identity Card Photocopy. (Both Sides attested).
3.	Complete updated Curriculum Vitae (CV).
4.	Attested photocopy of Domicile & PRC
5.	Attested Photocopies of Matric & Intermediate certificates.
6.	Attested photocopy of Medical (Graduation) Degree
7.	Attested photocopies of all MBBS Professional Marks Sheets (Consolidated OR Annual/Supplementary)
8.	Attested photocopy of Valid PMDC
9.	Attested Photocopies of House Job Certificates
10.	Attested photocopy of FCPS Part I & IMM & FCPS II (Congratulation Letter)
11.	Attested photocopy of RTMC / Enrollment Card
12.	Attested Photocopy of Residency OR Postgraduate experience Certificates
13.	Attested photocopies of Letter of Recommendations / Testimonials
14.	Attested copies of Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) certificates.
15.	Foreign Nationals are required to get Study Visa & Clearance from Interior Ministry before joining program.
16.	Diploma in Cardiology applicants will need to submit admission fee before joining the program.