



Shifa
International
Hospitals Ltd.



Department of Medical Education

Guidelines for Applicants

Online Application Form (MOs, PGs, Fellows)

To Apply online, click on **Login/Register** under **Online Application** tab.



Register:

- Click on **Create an account? Sign up** on dialog box.
- On next dialog enter valid E-mail address and password and security code and click **Register**.

A password will be sent on your registered email.

Login:

Enter you registered E-mail address, password and security code and press **Login**.

Account Login

 86818

[Forgot Username / Password?](#)

[Create an account? Sign up](#)

Basic Information:

Upload your recent photograph, **less than 200KB size.**

Fill all mandatory fields (marked with *)

Profile		Logged in: madeeha187@gmail.com
Upload Profile Picture Pic. Size 1Mb Max.	* <input type="button" value="Browse..."/> images.jpg	
Username (Email)	madeeha187@gmail.com	
Name (as per CNIC)*	Madeeha Ali	
Father/Spouse Name*	Ali Hassan	
Gender*	Female	
Date Of Birth	12	August 1990
Nationality*	Pakistan	
CNIC(12345-1234567-8)	37405	1234567 0
Passport #		
Cell #*	03211123878	
Fax #		
Home/Office Telephone*	0519259120	

Mailing Address*	Shifa International Hospital, Sector H-8/4	
Country	Pakistan	
City	Islamabad	
State/Province	Punjab	

Permanent Address	Shifa International Hospital, Sector H-8/4	
Country	Pakistan	
City	Islamabad	
State/Province	Punjab	

Academics-I:

Fill your MBBS and house job details.
Fill all mandatory fields (marked with *)

Profile		Logged in: madeehal87@gmail.com
House Job Institution Name 1 *	Benazir Bhutto Hospital, Rawalpindi	
Duration	From	January 2016 To June 2016
House Job Institution Name 2	Shifa International Hospital, Islamabad	
Duration	From	July 2016 To December 2016
House Job Institution Name 3		
Duration	From	Month Year To Month Year
House Job Institution Name 4		
Duration	From	Month Year To Month Year
Medical Degree(Graduation) *	MBBS	
Name Of Medical College Attended *	Shifa College of Medicine	
Month/Year	January 2015	
Supplementary Exams Details	Prof-III in Community Health Medicine	

Academics-II:

RTMC *	NA	
Cleared FCPS - 1 *	Yes	
Cleared FCPS - 2 *	NA	
PMDC Number	58901-P	
PMDC Validity	December 2020	
IMM *	Not Applicable	
IMM Institution		
Duration	From	Month Year To Month Year

Residency Information:

If you are already enrolled in training or applying for sub-specialty/ fellowship, fill the following. In case of fresh applicant leave it blank.

Profile		Logged in: madeehal187@gmail.com
Residency Institution Name 1	Pakistan Institute of Medical Sciences Islamabad	
Duration:	From July 2015 To June 2016	
Residency Institution Name 2	Shifa International Hospital Islamabad	
Duration:	From July 2016 To June 2017	
Residency Institution Name 3		
Duration:	From Month Year To Month Year	
Residency Institution Name 4		
Duration:	From Month Year To Month Year	

Others:

Fill the mandatory fields (marked with *)

Certification *	ACLS
Certification Duration:	32 years
Certification Validity	Jan 2019
Immunization(Hep-B) *	Yes
Are you associated with any organization?*	Yes
Association Details(In Case of Yes)	BMS
Other Qualification	
Other Experience	
Pending Documents	FCPS provisional result
Is Your Application Complete *	Yes

References:

Give two professional references and press **Submit**.

Logged in: madeehali87@gmail.com

Profile

Reference1

Name *	<input type="text" value="Inshad Ahmed"/>
Organization *	<input type="text" value="Pakistan Institute of Medical Sciences"/>
Designation *	<input type="text" value="Consultant"/>
Contact # *	<input type="text" value="03214560791"/>
Email	<input type="text" value="inshad@gmail.com"/>

Reference2

Name *	<input type="text" value="Fatmeh Ahmed"/>
Organization *	<input type="text" value="Shifa International Hospital"/>
Designation *	<input type="text" value="Pathologist"/>
Contact # *	<input type="text" value="03450975123"/>
Email	<input type="text" value="fah123@hotmail.com"/>

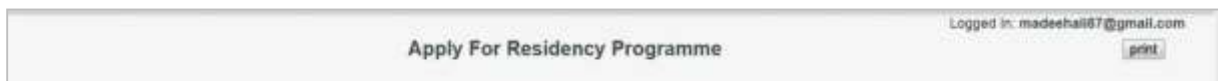
Note: Endorsement (should be attested by the Principal of the institute last worked at or professor of any medical college). I certify that the information given above is correct.

After submission, this message will appear on your screen.

Your profile has been updated successfully. Now you may please proceed to submit application form for Medical Officer/Residency/Fellowship (under the Menu <Online Application>)

Final Submission:

- Click **Online Application** tab again, select form type.
- Select **Specialty**.
- Press **Submit** at the bottom of page.



Please ensure to include the following items:

- Completed application form endorsed by relevant authority.
- Attested copies of mark sheets of all professional examinations.
- Attested copy of MBBS Degree.
- Attested copy of one year internship/house job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: taken one week prior to submission of this application
- Declaration (Download)
- Radiology: Evaluation Profomita need to be filled (Download)

Username (Email): madeehali87@gmail.com

Name (as per CNIC)*: Madeeha Ali

Specialty*
Select Specialty
Emergency Medicine
General Surgery
Histopathology
Internal Medicine (3-year)
Pediatrics
Radiology

Father/Spouse Name*

Gender*

Date Of Birth: 02 February 1990

Nationality*: Pakistan

Other Experience

Is Your Application Complete *
Yes

Pending Documents
FCPS provisional result



Print:

Press **Print** button on the upper right corner.

Logged in: madeehali87@gmail.com

Apply For Residency Programme

print

Registration Fees * Regular Fee Rs. 2500/-
 o Late Fee Rs. 5000/-

Please ensure to include the following items:

- Completed application form endorsed by relevant authority.
- Attested copies of mark sheets of all professional examinations.
- Attested copy of MBBS Degree.
- Attested copy of one year internship/house job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: taken one week prior to submission of this application
- Declaration (Download)
- Radiology: Evaluation Proforma need to be filled (Download)

Username (Email) madeehali87@gmail.com

Name (as per CNIC)*

Printout:

Page

 **Shifa International Hospitals Ltd.**
شفا انٹرنیشنل ہسپتال لمیٹڈ اسلام آباد

APPLICATION PROCESSING FEE RECEIPT

02/06/2017

For The Credit of
Shifa International Hospitals Ltd. (Pakistan)

Account No of BCB Main Core Orders/Weekly Settlement: 33613010000001

Account No of Adviser Shifa International Ltd Branch: 311033000001

Order Reference OR No or Draft OR Pay Order of Adviser of Shifa International Hospitals Ltd

Date: 02-06-2017	Registration #:	Application #:
Applicant Name: Topping D	(For Official Use Only)	
Residence #:	8240-Internal Medicine (4 year) (Residency)	
Application Processing Fee: 2500		
Regular Cycle: Regular		
In words: TWO THOUSAND, FIVE HUNDRED RUPEES ONLY		
Applicant's Signature:	PMDR Address: 07/16, Gharana	

Note:

- * Receipt of payment to be attached.

Applicant Copy

Date: 02-06-2017	Registration #:	Application #:
Applicant Name: Topping D	(For Official Use Only)	
Residence #:	8240-Internal Medicine (4 year) (Residency)	
Application Processing Fee: 2500		
Regular Cycle: Regular		
In words: TWO THOUSAND, FIVE HUNDRED RUPEES ONLY		

Shifa International Hospitals Ltd.

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 **Shifa International Hospitals Ltd.**
شفا انٹرنیشنل ہسپتال لمیٹڈ اسلام آباد

Residency Application Form

Date of Application: 02-06-2017 Registration Fee: 25,000/-
Testing #: 8220 Receipt #: 3330

Registration #: (For Official Use Only)

Please ensure to include the following items:

- Completed application form endorsed by relevant authority.
- Attested copies of mark sheets of all professional examinations.
- Attested copy of MBBS Degree.
- Attested copy of one year internship/house job certificate.
- Attested copy of valid PMDC registration.
- Attested copy of FCPS Part I Certificate
- One passport size photograph: taken one week prior to submission of the application.
- Declaration (Download)
- Radiology: Evaluation Proforma need to be filled (Download)



Specialty: INTERNAL MEDICINE (4 YEAR) Name (as per CNIC): MADEEHALI87
Applicant Special Name: ALIUMAMUNO Gender: FEMALE Date of Birth: 01-03-1988
Nationality: PAKISTANI Present CNIC: 332342-12345678
Home Address: 88/89, BUCHANA TOWN, KARACHI
Mobile: 9999999999999999 Cell #: 9999999999
Home/Work Address: SHIFA INTERNATIONAL HOSPITALS, Head Office, Sector H-8/4, Islamabad
Name of Medical College (Under): SHIFA COLLEGE OF MEDICINE
Medical College Qualification (Health/Level): UNDERGRADUATE
House Job Qualification Name: HOUSE JOB IN INTERNAL MEDICINE Year of House Job Completion: 2010
CNIC Extension:
Is your application complete? YES

Note:

- * The application form should be attached to the completed of Resident Proforma and above of any medical college of any government official grade 17 and above.
- * Incomplete application form will not be processed.

The hard copy of the on-line application form along with the required documents mentioned in the Application Form along with the attested documents and original fee receipt must be submitted to the Department of Medical Education, Medical Staff Affairs either personally or through reliable courier service on below mentioned address:

Department of Medical Education
Medical Staff Affairs
Shifa International Hospitals Ltd.
Sector H-8/4, Islamabad -
Pakistan