

**(HRMIS)**  
**POSTGRADUATE RESIDENT INFORMATION FORM**  
**LADY READING HOSPITAL (MTI), PESHAWAR**

**Photo**  
(Will be captured  
in HR Dept.)

Name of Doctor: \_\_\_\_\_ Father/ spouse: \_\_\_\_\_

Domicile: \_\_\_\_\_ CNIC No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Religion: \_\_\_\_\_ Email ID: \_\_\_\_\_ Training Tenure: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Blood Group: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Service Type:**

Government	Private	Autonomous	Rotation
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**Trainees:**

FCPS 1 <sup>st</sup> year	FCPS 2 <sup>nd</sup> year	FCPS 3 <sup>rd</sup> year	FCPS 4 <sup>th</sup> year	FCPS 5 <sup>th</sup> year
MCPS 1 <sup>st</sup> year	MCPS 2 <sup>nd</sup> year	Diploma	House job	Intern

Training Commencement Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Present/ Postal Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

**For Office use:**

**Account Number MCB / LRH (Only):** \_\_\_\_\_

**Registrations:** PMDC /CPSP

**PMDC Registration No:** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**CPSP Registration No:** \_\_\_\_\_ **Validity:** \_\_\_\_\_

**PGR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Under fellowship of:**

<u>Department/Unit:</u>	<u>Supervisor Name:</u>	<u>Head of Department</u>
_____	_____	_____

\_\_\_\_\_  
**Associate Dean**  
**LRH MTI Peshawar**

**Note:**

1. Applicant must provide photocopy of their official order.
2. Applicant is requested to provide MCB LRH Bank Account for realization of stipend.
3. PMDC and CPSP Registration photocopy.
4. CNIC Photocopy.