



# 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	<b>ORTHODONTICS</b>

### 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

(PTO)

**Required Documents for Application Form**

<b>S.No</b>	<b>Document Type</b>	<b>Qty</b>
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