



# SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES (SIOVS), HYDERABAD

@ Eye Hospital Journalist Colony, Hyderabad

Phone: +92-22-9210351-2 (Ext: 145)

Web: www.siovs.edu.pk, Email: dir.acd@siovs.edu.pk

## APPLICATION FOR ADMISSION IN POSTGRADUATE RESIDENCY TRAINING PROGRAM IN OPHTHALMOLOGY (Session- January 2026)

Please paste a Photograph

<b>FCPS-II OPTHAMOMOLOGY</b> <input type="checkbox"/>	<b>MCPS OPHTHLMOMOLOGY</b> <input type="checkbox"/>
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<b>Bank Draft/Pay Order No:</b> <b>Dated:</b> <b>Name of Bank:</b> (Please attach original bank draft/Pay order)	<b>PRIVATE CANDIDATE</b> <input type="checkbox"/>	<b>IN-SERVICE CANDIDATE</b> <input type="checkbox"/>  Provide departmental NOC
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### PERSONAL INFORMATION

<b>Name:</b>	<b>Marital Status:</b>
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<b>Father's Name:</b>
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<b>Husband's Name :</b> ( If applicable)
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<b>Address (Present):</b>
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<b>Address (Permanent):</b>
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<b>Telephone no(s):</b>		<b>Emergency contact #</b>
<b>Mobile # (1):</b>	<b>Mobile# (2):</b>	<b>Email:</b>

<b>Date of Birth:</b>	<b>Nationality:</b>
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<b>Religion:</b>	<b>Domicile:</b>	<b>Blood Group:</b>
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<b>CNIC#:</b>		<b>Valid Up-to:</b>
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<b>PMDC Registration #:</b>		<b>Valid Up-to:</b>
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<b>Name of Employer/Organization:</b> (For In-service Candidate only). NOC of Govt./Employer Required) <b>Present Posting/Position:</b>
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<b>Passport No:</b> For Foreigners only)	<b>Country:</b>
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<b>Date:</b>	<b>Signature of candidate</b>	
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**ACADEMIC RECORD**

<b>Year of Graduation:</b>		<b>University / College /Institute:</b>		
<b>Examination Passed</b>	<b>Year</b>	<b>Number of Attempts</b>	<b>Marks Obtained / Out of</b>	<b>G.P.A / Percentage</b>
<b>First Prof:</b>				
<b>Second Prof:</b>				
<b>Third Prof:</b>				
<b>Fourth Prof:</b>				
<b>Final Prof:</b>				
<b>Any Other Qualification</b>				

**DETAILS OF FCPS-I (For FCPS-II Training) Please attach evidence**

<b>Year of Passing:</b>	
<b>Number of Attempts</b>	
<b>CPSP ID</b>	
<b>CPSP Letter # &amp; date</b>	

**RECORD OF JOB EXPERIENCE /EMPLOYEEMENT / RESIDENCY/HOUSE JOB**

<b>Nature of Job/Internship</b>	<b>Description/Specialty</b>	<b>Duration</b>	<b>Institution</b>
<b>1. House Job</b>	a) b) c) d)		
<b>2. Residency</b>	a) b) c) d)		
<b>3. All Jobs (In Chronological order)</b>			

(Attach additional sheet, if necessary)

<b>PUBLICATIONS IN PMDC RECOGNIZED JOURNALS</b>		
<b>S#</b>	<b>Title</b>	<b>Issue of journal/Year</b>
1.		
2.		
3.		

(Attach additional sheet, if necessary)

<b>LIST OF COURSES /WORKSHOPS/ TRAININGS ATTENDED (IF ANY)</b>

(Attach additional sheet, if necessary)

<b>REFERENCES:</b>	
<b>Name of two reputed &amp; Responsible Persons</b>	
<b>REFERENCE-I</b>	<b>REFERENCE-II</b>
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact#:</b>	<b>Contact#:</b>
<b>Email:</b>	<b>Email:</b>

**DECLARATION**

I, Dr \_\_\_\_\_ S/D/W/O \_\_\_\_\_ bearing CNIC# \_\_\_\_\_ solemnly declare under oath that the information furnished in this application form is correct to the best of my knowledge. I further undertake that I shall abide all the rules, regulations, guidelines and policies of the SIOVS and CPSP.

**Date:** \_\_\_\_\_

**CANDIDATE'S SIGNATURE**

## **Application Submission Guidelines**

Please read & follow the instruction before filling the applicant form.

For further details, please visit [www.siovs.edu.pk](http://www.siovs.edu.pk)

All applicants are advised to carefully follow the instructions below. Incomplete forms or short submissions will not be entertained under any circumstances.

### **1. Form Completion**

Ensure that *all sections* of the application form are duly filled. Incomplete forms will be rejected without review.

### **2. Application /Prospectus charges**

Attach an original Bank Draft/Pay Order of Rs. 5000/- made in favor of:  
Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad

### **3. Form Filling Instructions**

Please use BLACK INK and write in BLOCK CAPITAL LETTERS throughout the form.

### **4. Document Submission**

Attach attested photocopies of all relevant documents with the application.

### **5. For Government Employees**

Applicants currently serving in government departments must submit a valid Departmental No Objection Certificate (NOC).

The NOC must explicitly state that, *in the event of final selection*, the candidate will be permitted to join the training program.

### **6. For Private Candidates**

Applicants not employed in any government department must submit an Affidavit on Court Paper worth Rs. 200/-, duly attested by a Notary Public or Oath Commissioner.

The affidavit must affirm that the applicant is not appointed to nor currently serving in any government position.

*This affidavit is mandatory and must accompany the application form.*

## CHECK LIST OF DOCUMENTS

Please fill all columns and tick (✓) the appropriate boxes.  
Incomplete checklists may lead to application rejection.

1. FCPS Part-I Pass (Letter required for admission in FCSP Part-II).	YES	NO
2. Six (6) recent passport-size photograph with white background	YES	NO
3. MBBS Degree	YES	NO
4. Valid PMDC Registration Certificate. Note: Application will be rejected if PMDC Registration is Expired.	YES	NO
5. House Job Certificate(s)	YES	NO
6. Consolidated / Separate Marks Sheets of all professional examinations.	YES	NO
7. Matric Certificate showing date of birth	YES	NO
8. CNIC	YES	NO
9. Domicile & PRC	YES	NO
10. Bank Challan/Bank Draft (Original) Bank Draft/Pay Order No: _____ Dated: _____	YES	NO
11. Certificate of any other qualification	YES	NO
12. Publication(s) (if any) (copy of Publication)	YES	NO
13. Certificate of present posting/ employment (if applicable)	YES	NO
14. N.O.C from parent department (for in-service candidate only)	YES	NO
15. Affidavit from In-service / Government employees	YES	NO
16. Affidavit from Private candidates	YES	NO
<b>Date:</b> _____	<b><u>Signature of Candidate</u></b>	

### FOR OFFICE USE ONLY

<b>Form No:</b> _____	<b>FCPS/MCPS</b>	_____
<b>Documents: Complete/Incomplete</b> _____	<b>Eligible:</b> _____	<b>Not Eligible:</b> _____
<b>Entry Test Marks:</b> _____	<b>Total Marks:</b>	_____

**PRE ENTRY TEST ADMISSION SLIP**  
**FCSP PART-II AND MCPS (OPHTHALMOLOGY) TRAINING PROGRAM**  
**SESSION: JANUARY 2026**

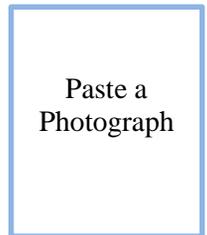


FCPS-II/MCPS		Venue	<b>Academic Block, SIOVS</b>
Date	<b>December 2025</b>	Time	
Name:			
S/O , D/O, W/O:		CNIC No:	
Signature of Candidate		Signature of Incharge Academics (with stamp)	

**Candidate must sign and clearly write their Full Name, Father's Name, and CNIC Number.**

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