

French Medical Institute for Mothers and Children
Postgraduate Medical Education Residency Programme Application Form

فارم درخواستی برای پروگرام اكمال تخصص

Instructions for completing the application:

Complete the application form in bold letters or type.

Application deadline: March 15, 2018 (24 Hot 1396)

All programs

- The completed application form along with required documents should be submitted to FMIC PGME Department, physical or electronically

Please note:

Incomplete application forms will not be processed.

Please specify your **first choice** from the following residency programs:

Residency PGME Programs: please put tick mark in the box

Medicine Disciplines

Paediatric Medicine

Radiology

Pathology

Surgery Disciplines

Paediatric Surgery

Paediatric Orthopedics

Anesthesiology

Note: Only those applicants who have passed successfully the MoPH Entrance Exam and submitted complete applications to FMIC, will be short listed and invited for the FMIC Entrance Test

French Medical Institute for Mothers and Children
Postgraduate Medical Education Residency Programme Application Form

Date of Application: _____ Registration no

--	--	--	--	--	--

 Please leave this blank

Please include the following items:

- Completed application form.
- Attested copies of mark sheets of all professional examinations.
- Copy of MD degree
- Updated Curriculum Vitae
- Copy of Taskara.
- Two passport size photographs, taken one week prior to submission of application.

Please paste recent
photograph

Name _____ Father's name _____
(as per the Taskara)

Sex M F Date of Birth

--	--	--

 Nationality _____
Taskara No. _____ Mailing Address _____

Email _____ Cell Phone No. _____

Permanent Address (if different from mailing address) _____

Home/Parents Tel. No. _____

Medical College from where graduated _____

Name and address of institution where house job was completed _____

Year of house job completion _____

Other relevant experience _____

Is your application complete? Yes No If no, state pending document/s _____

Official: Please do not write in this space

Complete Incomplete _____

Received by: _____ Dated: _____

you can send the soft copies of the form with documents to the pgme@fmic.org.af and get registered