

CPSP Workshop Fee REIMBURSEMENT Proforma

To

The Chief Executive Officer,
Postgraduate Medical Institute,
Hayatabad, Peshawar.

Subject: **REIMBURSEMENT OF C.P.S.P MANDATORY WORKSHOPS FEE**

Respected Sir,

I Dr. _____ Trainee Medical Officer (FCPS-II / MCPS)
specialty _____ working at _____ Unit of
_____ Hospital.

I have deposited Rs. _____/- for C.P.S.P mandatory workshops as per
following detail:-

Sr No.	Name of Workshop	Amount	Receipt / Draft No.	Date
01	Communication			
02	I.T Workshop			
03	RMBDW			
04	Surgical Skills			
05	BLS			
06	I.T Exemption Test			
Total			-----	

Original deposit slip(s) along with attested copies of e-certificate are attached
herewith.

Kindly reimburse me the same please.

Signature: _____

Name: _____

Date of Submission of Case: _____

Father's Name: _____

CNIC No: _____

Contact No: _____