#### Instructions for filing of application for Experience Certificate

#### ✓ Step One:-

- Download the proforma (complete file) available on official website of PGMI i.e. www.pgmi.edu.pk.
- ➤ Fill the application addressed to the Dean PGMI for issuance of Course Completion Certificate on a pre-formatted template designed in MS WORD.
- ➤ Write all your training details correctly as it will be check with record.
- Attach attested photocopies of the RTMC(s) and all the testimonials pertaining to the period(s) of elective / mandatory rotations done.

### ✓ Step Two:-

- ➤ Sign your application.
- ➤ Get your application signed and stamped by your Supervisor
- > Get it countersigned and stamped by Head of the Unit.

#### ✓ Step Three:-

- ➤ On page three fill the Clearance Certificate Proforma on a pre-formatted template designed in MS WORD.
- ➤ If you have **NOT** availed any accommodation facility throughout your training then fill the relevant portion of clearance proforma as Day Scholar accordingly.
- ➤ If you have **AVAILED** any accommodation facility provided by hospital administration then please mention the period(s) accordingly.
- ➤ Get the clearance proforma singed and stamped from the PROVOST or Chairman Accommodation Committee.
- ➤ After that get it countersigned and stamped from Hospital Director.

#### ✓ Step Four:-

- ➤ Get clearance from the **Library of PGMI / LRH** if you have worked in LRH otherwise get it signed from the **Librarian PGMI Main Office**.
- ➤ Make sure that the clearance proforma, RTMC(s) and testimonials are properly (page) numbered and attached in a chronological order.
- ➤ Now **Diary** your application in Diary / Dispatch Section of PGMI Hayatabad Office.
- ➤ Email the soft copy of application (mentioned at Step One) on this email address

  → pg.training@pgmi.edu.pk
- ➤ Your certificate will be ready in 10 working days. You will be notified by SMS Alerts

The Chief Executive Officer, Postgraduate Medical Institute, Hayatabad Phase-IV Peshawar

Sub	ject: <u>ISSUANCE O</u>	F EXPERIENCE CE	ERTIFICATE		
Res	pect Sir,				
	ked as Postgraduate Resi	effect from	S-II or MCPS or Dip to	have ploma in the specialty of Details of my training entioned below:-	
		-			
No.	Name of Specialty/Unit & Hospital (Including subspecialties rotation)	Start Date (DD,MM,YYYY)	End Date	Worked under supervision of	
		Verified as	Correct		
Head of Unit			Supervisor		
Signature:			Signature:		
Name:			Name:		
Designation:			Designation:		
Stamp:			Stamp:		
	-	-	•	ons as per CPSP criteria.	
	Kindly issue a	Course Completion	certificate to me accor	rdingly.	
Encl: ( No. of pages attached)			Signature:		
			Name: CNIC No. Contact No.		

# POSTGRADUATE MEDICAL INSTITUTE (PGMI)

## **CLEARANCE CERTIFICATE FOR AWARD OF COURSE COMPLETION**

Name:	Father Name:		
CNIC	Ward / Unit:		
Hospital			
Clea	rance from Hospital Administration		
Scholar>> or availed << write	"availed" and specify with <b>start</b> and <b>end</b> dates if you were a during the tenure of his / her training at <write name="" of<="" td=""></write>		
•	nde this line as well>>. Furthermore, upon completion of training and nothing is outstanding against him / her.		
Signature:	Signature:		
Provost	Hospital Director		
Stamp	Stamp		
	e doctor concernedLibrarian		
For	Office Use of PGMI Administration		
➤ Remarks of PGR Section			
	I/C PGR Section PGMI		
> Remarks of Accounts Section			
	Accounts Section PGMI		
> Remarks of Litigation Section			
	Litigation Officer PGMI		

Approved / please issue required certificate

**Chief Executive Officer PGMI**