POSTGRADUATE MEDICAL INSTITUTE <u>HAYATABAD PESHAWAR.</u>

(Arrival Report Proforma for Non-MTI Hospitals) (For MTI Hospitals please contact Associate Dean Office)

05 copies

"Arrival Report"

PGMI/PGR Section Dated:	//2024, (PGMI User-ID:) I am joining my
training today on//2024 in	unit of
	/Assitt: Prof. Dr
Supervisor signature & stamp	
Signature & stamp of Head of Institution	
Dated://2024	PGR Signature
	Name:
	Father Name:
	Employment Status:
	(Govt./ PSC / Adhoc / Pvt./Unemployed)
	CNIC No
	Mobile No:
Forward to the CHIEF EXECUTIVE O	OFFICER PGMI Peshawar for necessary action
Postgraduate Medical Institu	ite (PGMI), Hayatabad Peshawar
No/PGMI/PGR Section E Copy forwarded to:-	Dated://2024
1. The Regional Director CPSP Peshawar.	
2 I/C Concerned Hospital	

INCHARGE PGR/TMO SECTION

Postgraduate Medical Institute Hayatabad Peshawar

3. The Deputy Director Finance PGMI Hayatabad Peshawar.

4. I/C PGR Section PGMI Hayatabad Peshawar.