## POSTGRADUATE MEDICAL INSTITUTE HAYATABAD PESHAWAR.

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

05 copies

## "Arrival Report"

PGMI/PGR Section Dated:/	/2025, (PGMI User-ID:) I am joining my
training today on//2025 in	unit of
under the supervision of Professor/Assoc: Prof.	/Assitt: Prof. Dr
Supervisor signature & stamp	
Signature & stamp of Head of Institution	
Dated:/2025	PGR Signature
	Name:
	Father Name:
	Employment Status:
	(Govt. / PSC / Adhoc / Pvt. /Unemployed)
	CNIC No
	Mobile No:
	OFFICER PGMI Peshawar for necessary action  Ite (PGMI), Hayatabad Peshawar
No/PGMI/PGR Section I Copy forwarded to:-  1. The Regional Director CPSP Peshawar.  2. I/C Concerned Hospital.	Dated://2025

**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.