AECH PINUM CANCER HOSPITAL, FAISALABAD.

Bio-Data / Security Clearance Form

For Local Academia / PGR / Internship / Fellowship etc.

For FORM & detailed procedure/ information Pl. visit " www.pinum.org.pk "

SUMMER, AUTUMN or WINTER

2 May-31 Aug, 1 Sep-31 Dec, 1 Jan - 30 Apr

(Tick the Appropriate Semester - For Uni. /College Students Only)

Please Tick

Doctor ☐

Or

Student ☐

Paste a well-mannered

Front Attested,

Fresh Passport Size Photo with Blue/ White Background

Face must be clear

i.e. no signature or stamp on Face

ALL INSTRUCTIONS MUST BE FOLLOWED/FULL-FILLED

Note:- Incomplete Application, Insufficient or Forged Documents will result-in Rejection of Application.

1. Name (According to CNIC - Capital Letters) _____

2. Father / Husband's Name: _____

3. CNIC # (**Attach Readable Attested Copy**) | | | | | | - | | | | | | | | - | |

4. Date of Birth: _____ Distt./Place: _____Caste: _____

5. Nationality: __Pakistani_____ Religion _____ Sect: _(Sunni, Shia) or _____

6. Permanent Address (According to CNIC) _____

_____

7. Present Living Address (Home / Hostel / Rented etc) _____

_____

8. Tel. No. Father/Husband _____ Tel. No. Self / Applicant _____

9. Internee's (College etc.) HoD Name _____ Cell /Tel No. _____

10	Desired Period of Rotation /Internship at PINUM: (This form must be submitted **at PINUM at-least_01_Month** *before start date of Rotation or as per semester requirement*	From _____ (DD – MM – YEAR)	To _____ (DD – MM – YEAR)
11	Name of University / Institution (tick appropriate or write)	AHF/DHQ/ MTH /TUF/UAF/GCUF/ or_____	
12	Degree (MBBS, MS, M.Phil, BS, etc)	& (Semester # ____ CGPA _____ ***attach attested copy***	
13	Field of Study (of Internee) (tick appropriate or write)	Radiology, Nephrology, Microbiology, Biotechnology, Biochemistry, MLT or _____	
14	Areas to be visited or Purpose/ Field of Study / Internship at PINUM (Tick / Write)	Nucl. Med., Labs= RIA/ ELISA/ PCR/ CGL/ Clinical Or _____ Priority:- Lab (a):_____ Lab (b):_____	

Form Submission Date _____ Signature (Applicant) _____

COUNTERSIGNED BY

HoD / Principal / Head of Institute / Dean or any Gazetted Officer (which one relates to)

It is certified that above PGR/ student / Internee is studying / serving under my supervision or I know him/her very well. I hereby certify his/her good character and refer/recommend him/her for rotation / internship at PINUM.

_____ _____ _____

1. (Signature of Authority) 2. (Stamp – By Name) 3. (Tel./Cell Number)

Please Tick: - **Original proper recommendation signed letter/App. "Addressed to Director PINUM" from his/her Institution** ☐ **CNIC:-** ☐ **Result card/Transcript/ degree attested copy** ☐ **Countersignature** ☐ **After filling-up & attachments, submit this "Form" at Room # 66 in a transparent file cover/sheet** ☐ **Note:- Police verification Form (IF Form issued or asked by PINUM)** ☐

AECH PINUM FAISALABAD

Date: _____

JOINING REPORT

ROTATIONAL TRAINING

Consequent upon approval of Supervisor / Director, PINUM, the undersigned is hereby submitting "Rotational Training Joining Report". The detail is as under: -

Sr. No.	Description	Details
1.	Name	_____ According to CNIC – In Capital Letters
2.	CNIC No.	
3.	Duration of Rotational Trg.	From ---------- To ---------- (____ Days) DD - MM - Year DD - MM - Year
4.	PGRs Field of Study & Reg. No.	FCPS / MD ---------- Part ---------- Reg. # PMDC ---------- RTMC ----------
5.	Field at PINUM	Gen. Nucl. Medicine – Med. Oncology -- OR ----------
6.	Name of PGRs Referring Instt.	

(Attachment: Approval – prior to join – of Director, PINUM on PGR Instt's referring letter/application – copy)

Signature (PGR) _____

Cell # (PGR) _____

_____

Signature with Stamp & Date
Recommended by
HoD / Supervisor, PINUM

APPROVED BY

Dr. Muhammad Babar Imran (T.I)
MBBS (KE), MSc (NM – PIEAS), MS (Italy),
FANMB, FRCP (Edin. UK), PhD (Japan),
CPSP ID 2-2008-24, RTMC NUC-036-009
Chief Medical Officer / Director,
PINUM Cancer Hospital, Faisalabad.
Office Email:- pinumpaec@gmail.com

AECH PINUM FAISALABAD

Date: _____

SUB: REQUEST FOR ISSUANCE OF PGRs ROTATIONAL TRAINING CERTIFICATE

It is stated that the undersigned has completed rotational training as per following details. It is requested that above cited subject certificate may please be issued and obliged.

Sr. No.	Description	Details
1.	Name	_____ According to CNIC – In Capital Letters
2.	Duration of Rotational Trg.	From ---------- To ---------- (____ Days) DD - MM - Year DD - MM - Year
3.	PGRs Field of Study	FCPS ---------- Part ----------
4.	Field at PINUM	Gen. Nucl. Medicine – Med. Oncology -- OR ----------
5.	Name of PGRs Referring Instt.	

Signature (PGR) _____ Cell # _____

Comments by the supervisor at PINUM: -

Recommended / Not Recommended

Signature with Stamp
HoD / Supervisor, PINUM

Director, PINUM

لوکل پولیس سیکورٹی کلیئرنس رپورٹ برائے لوکل اکیڈمیہ /روٹیشن /انٹرنشپ /ٹریننگ، برائے پینم کینسر ہسپتال، فیصل آباد۔

پینم میں دورانیہ [بمطابق صفحہ 1۔کالم نمبر 10]_____ تا_____

تصدیق نمبردار /کونسلر /ناظم

تصدیق کی جاتی ہے [نام انٹرنی۔ بمطابق شناختی کارڈ]_____ ولدیت /زوجیت_____

کمپیوٹرائزڈ شناختی کارڈ نمبر_____ سکنہ [مستقل پتہ]_____

_____

کا مستقل رہائشی ہے اس کا چال چلن درست ہے۔ میں اسے ذاتی طور پر جانتا ہوں اس کی ولدیت /زوجیت، قومیت اور سکونت درست ہے اور اس کا کسی سیاسی یا مذہبی پارٹی سے کوئی تعلق نہیں ہے

تصدیق کنندہ کا:۔

نام نمبردار /کونسلر /ناظم_____ شناختی کارڈ نمبر_____ دستخط و مُہر_____

مستقل ایڈریس [بمطابق شناختی کارڈ] کے تھانہ سے تصدیق

نام [انٹرنی۔ بمطابق شناختی کارڈ]_____ ولدیت /زوجیت_____

عارضی پتہ [بمطابق شناختی کارڈ]_____

مستقل پتہ [بمطابق شناختی کارڈ]_____

ضلع_____ قومی شناختی کارڈ نمبر_____ تھانہ_____

رپورٹ تھانہ ریمارکس:

1۔ ریکارڈ پڑتال کر کے مذکورہ بالا کو عدم سزا یافتہ یا کسی بھی جرم میں ملوث نہیں پایا گیا:_____

2۔ کسی جرم میں ملوث ہونیکی صورت میں تفصیل:_____

نام محرر_____ پیٹی نمبر_____ تاریخ_____

نام تھانہ ایس ایچ او_____ دستخط و مُہر_____

{نوٹ:۔ اس اصل اردو فارم کو۔(اگر پینم کی طرف سے کہا جائے تو)۔ مکمل کرنے کے بعد دوسرے انگلش والے فارم کیساتھ نتھی کر کے واپس جمع کروائیں۔