FEDERAL GOVERNMENT POLYCLINIC (PGMI), ISLAMABAD
OPPORTUNITY FOR POSTGRADUATE TRAINING

Federal Government Polyclinic (PGMI), Islamabad as 585 bedded Tertiary Care Teaching Hospital affiliated with College of Physician & Surgeons Pakistan (CPSP) and Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU) for Postgraduate training in all Major disciplines of Medicine & Allied and Surgery & Allied. It offers Postgraduate training for the Session 2026 in following disciplines:

FCPS/MCPS TRAININGS

Departments for FCPS-II training:	General Medicine, General Surgery, Gynaecology & Obstetrics, Pediatric Medicine, Neurology.
Qualification/ Requirements:	i. MBBS or equivalent ii. FCPS-I in relevant specialty. For Neurology, only those candidate can apply who have completed 02 years training in General Medicine
Department for MCPS training:	Anesthesia and Diagnostic Radiology
Qualification/ Requirements:	i. MBBS or equivalent ii. One year experience in relevant specialty from hospital recognized by PM&DC.

SECOND FELLOWSHIP TRAININGS

Departments:	Endocrinology, Rheumatology.
Qualification/Requirements:	i. MBBS or equivalent ii. FCPS degree in General Medicine

MD TRAININGS

Departments:	Internal Medicine, Pediatric Medicine.
Qualification/ Requirements:	i. MBBS or equivalent ii. Valid certificate of clearance of Part-I from Shaheed Zulfiqar Ali Bhutto Medical University in relevant specialty.

How to apply?

- Application must be sent filled on prescribed application form alongwith all mentioned documents through courier/ postal service to Executive Director, Federal Government Polyclinic (PGMI) Luqman Haqeem Road, G-6/2, Islamabad.
- Candidates interested in more than one training programs are advised to send separate application form for each training program.

INSTRUCTIONS

- Copies of the following documents are mandatory to attach with prescribed application form.
  - MBBS or equivalent, detail Mark Sheets of all professional examination
  - Computerized National Identity Card (CNIC)
  - Certificate of one year House Job training from recognized Hospital by PM&DC
  - Valid PM&DC registration Certificate
  - Recent two passport size photos
  - Letter of clearance of FCPS-I issued by CPSP for FCPS-II training Program.
  - FCPS degree /result card for 2nd fellowship program
  - Experience Certificate of two years FCPS-II training in General Medicine from a recognized institute with CPSP for FCPS-II Neurology training.
  - Certificate of one year experience in relevant specialty from hospital recognized by PM&DC for MCPS Anesthesia and Diagnostic Radiology training programs.
  - Valid letter of clearance of Part-I issued by Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad for M.D training programs
- **Last date for submission of application form is 14-12-2025**
- Postgraduate training will be awarded in accordance with CPSP, SZABMU, PM&DC and FGPC (PGMI) rules and regulations.
- Incomplete or late submitted application will not be entertained.
- Original documents will be checked before final selection.
- Candidate are advised to keep their given mobile number switched on during selection process.
- Candidates are advised to frequently visit www.fgpc.gov.pk for any update.
- No TA/DA will be admissible.

(PROF. DR. SHAHZAD MUNIR)
EXECUTIVE DIRECTOR

Failure to provide complete information/ documents or providing false information will result in immediate exclusion from induction process and after induction at any stage of training.

Ph# 051-9218300 Ext: 436, Website: www.fgpc.gov.pk
Address: Federal Government Polyclinic (PGMI), Luqman Haqeem Road, G-6/2, Islamabad

FEDERAL GOVERNMENT POLYCLINIC (PGMI), ISLAMABAD
APPLICATION FORM FOR TRAINEE RESIDENT MEDICAL OFFICERS
(SESSION 2026)

1. Name of Training Program Applied For:_____
2. Name:_____
3. Father Name:_____
4. Gender:_____
5. Date of Birth (D/M/Y)_____
6. CNIC No:_____
7. PM&DC Registration No:_____
8. Phone No. (Mobile):_____ (WhatsApp Number):_____
9. Date of Passing of Part-I Exam_____
10. Postal Address: _____

_____City_____Province_____

ACADEMIC INFORMATION

Professional of MBBS	**University/ Medical College**	**Passing Year**	**Total Marks**	**Marks Obtained**	**Percentage in each professional**
1st Year					
2nd Year					
3rd Year					
4th Year					
5th Year					
Grand Total					

TRAINING DETAIL / EXPERIENCE (IF ANY)

Sr.#	Postgraduate Training	From	To	Institute
1.				
2.				

The above mentioned information is true to the best of my knowledge and my candidature will be cancelled at any stage before or after selection if any false information is given by me, I will be responsible for any consequences caused and the case will be referred to concerned regularity authority for necessary action.

Name of Candidate: _____

Signature of Candidate:_____

Date of Application: _____