



## **EMERGENCY MEDICINE FOUNDATION PROGRAM**



Registration for year 2025

## **EMFP Registration Form SZABMU**

## **Eligibility Criteria**

Name and address

- Registered medical practitioners, with an internationally recognized medical qualification
- Be working within Emergency Medicine during the period of the program
- · Not participating in another training program during this period

Name	***************************************	 	
Address			
	***************************************	 	
011 /7			
City/Town			
State/Province	***************************************	 	
ZIP/Postal Code		 	
Email address			
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Details of organization			
Name of organization			
Address		 	
4011111111111			
CONTACT NO		 	

Admission forms along with 1000/= PKR fee receipt deposited in the National Bank of Pakistan PIMS branch must reach the DME SZABMU Last date 31-01-2025. You need to attach a CNIC copy, MBBS Degree, PMDC registration, additional qualification.

## CONTACT NO 051 9107503

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