



# CERTIFICATE

*This is to certify that*

**Dr. Muhammad Ismail**

*has successfully completed two (2) years Post Fellowship Training in*

**Interventional Cardiology**

**Professor Zahid Jamal**  
Director, Medical Education



**Professor Nadeem Qamar**  
Executive Director

# PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4 Mauve Area, Islamabad  
Website: www.pmdc.org.pk



## CERTIFICATE OF FULL MEDICAL REGISTRATION

### License to Practice

**Registration Number** : 44647-S  
**Name** : MUHAMMAD ISMAIL  
**Father Name** : FAIZ MUHAMMAD KANRANI  
**Present Address** : FLAT.NO.17 BLOCK-3 DEFENCE GARDEN  
DHA PHASE.I KARACHI  
**Permanent Address** : JOUNGLAI MUHALLA POST OFFICE  
THUL DISTT:JACOBABAD  
**Registration Date** : 14/07/2003 **Name Retained Upto** 31/12/2021



Qualification & Date	Institute/University	Year
1 M.B.,B.S. (BASIC MEDICAL QUALIFICATION)	[LIAQUAT UNIV. JAMSHORO] [CHANDKA MEDICAL COLLEGE, LARKANA]	2003
2 F.C.P.S. (CARDIOLOGY)	[COLL.OF PHYSICIANS & SURGEONS PAKISTAN]	2013

**It is hereby certified** that the above is a true copy of the entries in the Register of Medical Practitioners (Part - A) in respect of the medical practitioner specified therein. He/she is authorized to practice Basic Medicine, Surgery, Obstetrics & Gynaecology, Ophthalmology and Otorhinolaryngology and will be considered a specialist of the level mentioned and in the field of which any additional postgraduate qualification is registered herein.

#### IMPORTANT NOTICE:

1. The Registered Medical Practitioner should apply for revalidation of this certificate within 30 days of his/her name in the medical register three months before the date of expiration every year.
2. Every Registered Medical Practitioner should be advised to send to the Registrar, Islamabad, a copy with all pages of this Certificate in his/her address and also to make arrangements that may be sent to him/her by the Registrar in respect of his/her current address may be the Registrar's address if the practitioner is unable to have his/her name revalidated from his/her Region.
3. PMDC will not be liable for the name in the register of medical practitioners and will not be liable for any loss or damage in this Certificate further attention must also be given to the payment of prescribed fee.
4. A copy of this certificate has to be deposited immediately in the place of practice.
5. The Council Authority reserves the right to cancel, suspend or change this certificate.



*F. Jamil Bhatti*  
REGISTRAR  
31/12/2021

A-820/2002

Sr. No 002054



*Having completed the prescribed Form of Training  
and passed required Professional Examinations,  
Liaquat University of Medical & Health Sciences,  
Jamshoro, Sindh, Pakistan admits*

**MUHAMMAD ISMAIL**

*S/o*

**FAIZ MUHAMMAD KANRANI**

*to the Degree of*

***Bachelor of Medicine & Bachelor of Surgery***

*in May 2003*

*He is hereby entitled to share all honours and privileges enjoyed by the  
Medical graduates of this University*



*[Signature]*  
Reg. No.

*Suzail Haque*  
Controller of Examinations

*[Signature]*  
Vice Chancellor



*Know all men by these Presents, that we, the  
President and Council of the College of Physicians  
and Surgeons Pakistan admit*

*Dr. Muhammad Ismail*

*a Fellow of the College*

*in the subject of Cardiology*

*In witness thereof, we have subscribed our names  
and caused the seal of the College to be hereunto  
affixed this 11th day of January 2013*



*I. v. Prandi President  
Abdusattar Member  
Executive Committee  
Registrar  
Secretary of the College*

APPENDIX-XIV  
FORM P-I

The Pakistan Citizenship Act 1951 (II of 1951) and Rule made thereunder  
(Sic Rule 23)

CERTIFICATE OF DOMICILE

Whereas A.B. MUHAMMAD ISMAIL Son of FAIZ MUHAMMAD KANRANI

In Block Letters

has applied for a certificate of domicile under the Pakistan Citizenship Act 1951 (II-of 1951) alleging with respect to himself/herself the particulars set out below, and has satisfied the undersigned that the condition laid in Section 17 of the said Act for the grant of a certificate of domicile are fulfilled in said A.B. MUHAMMAD ISMAIL S/O FAIZ MUHAMMAD KANRANI

Now therefore in pursuance of the powers conferred by the said Act and the rules made thereunder, the undersigned hereby grants to the said A.B. MUHAMMAD ISMAIL S/O FAIZ MUHAMMAD KANRANI this certificate of domicile

In witness Where of I have here to subscribed my name this day of 10-8-1974



PARTICULARS RELATING TO THE APPLICANT

Full name MUHAMMAD ISMAIL  
Father's Name FAIZ MUHAMMAD KANRANI  
Address in Pakistan THUL TOWN TALUKA THUL  
Address in the country outside of Pakistan NIL

(Place TOWN Tehsil THUL Distt: JACOBABAD  
THUL  
(Prve/Ann. SINDH)

Place of Domicile

Date of arrival in the place of domicile SINCE BIRTH  
Married/Single/Widow/Widower SINGLE  
Name of wife or husband NIL  
Name of children and their ages NIL

PHOTOGRAPH



Trade or occupation STUDENT

Remarks of Identification

NO. GEN/DOM/94/

JACOBABAD, DATED: 10/8/94

Name \_\_\_\_\_  
Designation DISTRICT MAGISTRATE  
Place JACOBABAD  
Date \_\_\_\_\_



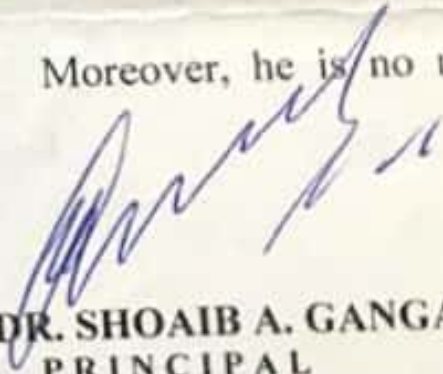
**OFFICE OF THE PRINCIPAL**  
SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL COLLEGE  
LYARI KARACHI

So.F/SMBBMCL/(Admin)2018-19/ 2013

Dated: 08<sup>th</sup> October, 2018

**EXPERIENCE CERTIFICATE**

This is to certify that Dr. Muhammad Ismail Kanrani has worked as Senior Registrar in the Department Cardiology, Shaheed Mohtarma Benazir Bhutto Medical College Lyari, Karachi w.e.f. 24-10-2014 to 28-03-2018. Moreover, he is no more faculty member in this Institute.

  
**PROF. DR. SHOAIB A. GANGAT**  
PRINCIPAL  
SHAHEED MOHTARMA BENAZIR BHUTTO  
MEDICAL COLLEGE LYARI, KARACHI

# DR. MUHAMMAD ISMAIL

Address : Flat. 5, Block. 3, Defence Garden, DHA Phase-I,  
Karachi.  
Cell No. : 0333-7538154  
E-mail : kanranisaqi@yahoo.co.in

## CARRIER OBJECTIVE

To effectively apply myself in a professionally challenging environment in a manner that positively benefits the organization's goals and objectives and also contributes towards my career development.

## PERSONAL INFORMATION

Father's Name : Faiz Muhammad  
Date of Birth : 6<sup>th</sup> August 1978  
CNIC No : 43105-2422483-3  
Gender : Male  
Marital Status : Married  
Religion : Islam  
Nationality : Pakistani  
Domicile : Jacobabad Sindh

## ACADEMIC QUALIFICATION

➤ FCPS (Cardiology)	CPSP	2012
➤ Intermediate	CPSP	2008
➤ M.B.B.S	LUMHS Jamshoro	2003
➤ FSc	BISE Sukkur	1996
➤ SSc	BISE Sukkur	1994

## JOB EXPERIENCE

- Interventional Cardiology Fellow at NICVD Karachi from 16<sup>th</sup> Oct 2017 to 15<sup>th</sup> Oct 2019.
- Senior Registrar in SMBB Medical College Lyari Karachi from Oct 2014 to Mar 2018.
- Medical Officer in Lyari General Hospital Karachi from Feb 2013 to Oct 2014.
- Post Clinical Fellow (ER) in NICVD Karachi from April 2011 to July 2012.
- P.G Cardiology training at NICVD Karachi from 2008 to 2011.
- P.G Internal Medicine training at CMC Larkana from 2005 to 2007.
- House Job in Medicine at CMC Larkana from Aug 2003 to Jan 2004.
- House Job in Surgery at CMC Larkana from Feb 2004 to July 2004.

## ARTICLES

- Silent Myocardial infarction in diabetic and non diabetic patients.  
Medical Channel Volume – 21 No. 01 (Jan-Mar 2015)
- Frequency & Factors responsible for delayed arrival of myocardial infarction (STEMI) patient to Hospital.  
Pak Heart J Volume – 50 No. 03 (July-Sep 2017)

## REFERENCE

*WILL BE FURNISHED IF REQUIRED. . . .*