



CARDIAC CATHETERIZATION PRIMARY OPERATOR REGISTRATION PRACTICE PATHWAY -2 APPLICATION

NAME		MOBILE NO.	
EMAIL ADDRESS		PMDC NO.	
POSTAL ADDRESS			

PRACTICE PATHWAY - 2 (CCL 2017)

Senior cardiologist with MBBS, with at least 25 years of active interventional cardiology practice within the country or outside.

YEAR OF PASSING: _____ (ATTACH DEGREE COPY)

INTERVENTIONAL EXPERIENCE

YEARS OF INTERVENTIONAL PRACTICE	INSTITUTE / CENTER

UNDERTAKING: I hereby undertake that I fulfill the requirements as per laid down against the selected pathway.

SIGNATURES _____ DATED: _____

(FOR OFFICIAL USE BY MEMBER ACCREDITATION COMMITTEE)

Operator approval: Approved Not approved

PSIC Registration No # _____ Dated: ____/____/____

(1) NAME: _____ SIGNATURES _____

(2) NAME: _____ SIGNATURES _____

Scanned copies of filled proforma with documents should be uploaded on www.psic.org.pk
Original proforma with accompanying documents to be posted to: Gen. Secretary PSIC, Office # 1602,
High-Q tower, Gulberg-V Jail Road, Lahore. Phone number 042 32317355