



Pakistan Society of Interventional Cardiology

CARDIAC CATHETERIZATION PRIMARY OPERATOR REGISTRATION TRAINING PATHWAY -1 APPLICATION

NAME		MOBILE NO.	
EMAIL ADDRESS		PMDC NO.	
POSTAL ADDRESS			

TRAINING PATHWAY – 1 (CCL 2017)

FCPS in interventional cardiology / Diplomate American board of interventional cardiology / MRCP with specialized cardiology training in interventional cardiology post fellowship

YEAR OF PASSING/CERTIFICATION: _____ (ATTACH DEGREE COPY)

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