



# 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 AND UPLOAD DEGREE)

**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](http://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 35791334 - 35