



Clinical Trials Unit

DOW UNIVERSITY OF HEALTH SCIENCES

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Application form for Clinical Research Certified Professional (CRCP) Course

Personal Information

Please fill in **BLOCK** letters

Please Affix
 Photograph
 here

Name of Applicant: _____
 S/o, D/o, W/o: _____
 Date of Birth: _____
 Residential Address: _____
Tel No (Residential): _____
Cell No: _____
Alternate Cell No: _____
Email Address: _____
Alternate Email Address: _____
C.N.I.C #: _____
 PMDC/Pharmacy Council/Nursing Council etc. Registration No. _____

YOUR EDUCATION HISTORY

| Academic Record | Name & Place of Institute | Passing Year | Marks Obtained | % / Div |
|--------------------------------------|---------------------------|--------------|----------------|---------|
| Matric / O level / Equivalent | | | | |
| Inter Science / A level / Equivalent | | | | |
| Graduation Degree Name: _____ | | | | |
| Postgraduate Degree Name: _____ | | | | |
| Others Degree Name: _____ | | | | |

EXPERIENCE

| Company / Institute Name | Position / Designation | Duration | Total Experience |
|--------------------------|------------------------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



DUHS RULES AND REGULATIONS

- Mandatory requirement to appear in final examination.
 - 80% Attendance
 - Submission of all assignments

UNDERTAKING

This is to certify that all information given by me is correct and that I will abide by the rules and regulations, failing to which management has reserved the rights to cancel my admission any time.

_____ **Applicant's Signature**

Dated: _____

DOCUMENTATION REQUIRED

1. Each application for admission should be accompanied by **Non Refundable Application Processing Fee** of Rs.500/= (Rupees Five Hundred only) in the form of **Paid Fee Voucher (Available from CTU & DUHS website)** in any **UBL or Meezan Bank's** Branch of Pakistan.
2. **Attach (01) copy of following documents:**
 - i) C.N.I.C
 - ii) Attested Consolidated Transcript/Degree of last examination attended (Graduation/Post Graduation)
 - iii) CV.
 - iv) Paid Fee Voucher (**Original Paid Fee Voucher should be attached**)
 - v) Attested PMDC/Pharmacy Council/Nursing Council etc. registration certificate
 - vi) Two (02) passport size pictures
5. **How did you get to know about this course?** Please tick the appropriate source(s) of your information.
 - a) Newspaper. (Jang/ Dawn)
 - b) DUHS website
 - c) Other social media
 - d) Old student of CRCP Course
 - e) CRCP course poster
 - f) Facebook
 - g) Any other. (Specify) -----