



**Certificate in Health Professions Education (CHPE)  
Dow Institute of Health Professionals Education**

**Admission Form**

Form No. \_\_\_\_\_ (Office Use only)

Previously applied Yes ( ) OR No ( )

Name: \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male  Female

CNIC:  -

Paste  
Passport size  
Photograph

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Office #: \_\_\_\_\_

Mob #: \_\_\_\_\_

Email: \_\_\_\_\_

Current position & Department: \_\_\_\_\_

Academic Qualifications			
Degree Fellowship <small>(start from latest degree)</small>	Specialization	Institute/Board	Year Obtained



**Certificate in Health Professions Education (CHPE)**  
**Dow Institute of Health Professions Education**

<b>EMPLOYMENT RECORD</b>			
<b>Designation</b> <small>(Start from current position)</small>	<b>Department</b>	<b>Institute</b>	<b>Date of Employed</b>

**IMPORTANT NOTE:**

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents **in the following sequence**. The documents & certificates must be attested by Gazetted Officer. The stamp of the officer must bear full name, designation and current place of duty.

**Note:** Check ( ✓ ) the relevant box for the attached documents.

**Attested photo copies of the following documents are required:**

- Y NOC (*No Objection Certificate from Institutional Head*)
- Y MBBS/BDS degree **or** any equivalent qualification
- Y Valid PMDC Registration
- Y Recent Passport Size Picture (should be glued/pasted on admission form)
- Y Post-graduation degree/certificate with transcript(s)
- Y Valid CNIC
- Y Relevant experience certificate(s)
- Y Updated Professional Resume

