

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

Admission Form

Form No(Office	ce Use only)		
Previously applied Yes	() OR <u>No</u> ()		
			Paste
Name:			Passport size
Father's/Husband's Na	ıme		
Date of Birth:			
Gender: Male	Female		
CNIC:	-	-	
Mailing Address:			
Permanent Address: _			
Office #:		Mob #:	
Email:			
Lurrent position & Dep		nic Qualifications	
Degree Fellowship	Specialization	Institute/Board	Year Obtained
(start from latest degree)	•	•	



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

EMPLOYMENT RECORD					
Designation (Start from current position)	Department	Institute	Date of Employed		

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 ($\sqrt{\ }$) the relevant box for the attached documents.

Attested photo copies of the following documents are required:

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



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

INSTRUCTIONS:

- 1. All applicants must appropriately fill and sign the admission form. Incomplete/not properly filled form in any respect will be rejected. Avoid rewriting while filling in the form.
- 2. Applications should reach the office of the coordinator (DIHPE) on or before the closing date and time. Applications received after due date will not be entertained.
- 3. Application forms with any false statement by the candidate will be rejected.
- 4. If any document submitted by the candidate is found false, the admission shall be cancelled.

DECLARATION STATEMENT

Certified that the information provided is correct to the best of my knowledge.

	Signature of the Applicant:				
For office Use only					
Remarks / Requirements					
Receipt No	Dated:				
	Signature Director DIHPE:				
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxx	«xxxxxxxxxxxxxxxxxxxxxxx	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxx		
Received App. Form No	_ Bank Receipt No:	Amount Deposited:	Dated:		
Checked & Received by Dealing Assistant:					
	Signature	of the Dealing Assistant: _			