**Department of Health Professions Education**

**CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (CHPE) COURSE**

**Aug 29, 2022 – Feb 4, 2023**

**Admission Form**

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

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**Passport size Photograph**

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

**Father’s/Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: Male Female**

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**CNIC**:

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

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

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**Phone Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Current position & department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Professional experience (starting from current)** |
| **Designation** | **Department** | **Institute** | **Dates Employed** |
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| **Academic qualifications (starting from most recent)** |
| **Degree/ Diploma/ Fellowship** | **Specialty** | **Institute/board** | **Year obtained** |
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| **COMPUTER PROFICIENCY** | **Very good** | **Good** | **Fair** |
| MS WORD |  |  |  |
| MS POWERPOINT |  |  |  |
| INTERNET |  |  |  |

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| **STATEMENT OF PURPOSE****Please write down the purpose for enrolling in this course (250-300 words)** |
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**INSTRUCTIONS**

1. Incomplete/not properly filled form in any respect will be rejected.
2. Applications received after the due date will not be entertained.
3. The following documents must be attached with the application form:
* Copy of Final Degree
* Copy of valid PMDC/PMC Registration
* Copy of valid CNIC
* Photocopy of LNH employment card (for LNH faculty only)
* 2 passport size photographs attested from the front
* Photocopy of Matriculation certificate

**DECLARATION**

I testify that all the information in this form is correct to the best of my knowledge. I understand that withholding or providing false information will make me ineligible for admission in this program

**Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**