

Department of Health Professions Education

CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (CHPE) COURSE

March 6, 2023- Aug 18, 2023

Admission Form

		Form No	(Office Use only)
Name:			Paste
Father's/Husband's Nam	ie:		- Passport size
Date of birth:	Photograph		
Gender: Male	here		
Vailing Address:			
Permanent Address:			
Phone Office:		Cell #:	
Email:			
Current position & depar	rtment:		
Professional experience	(starting from current)	
Designation	Department	Institute	Dates Employed

Academic qualifications (starting from most recent)					
Degree/ Diploma/ Fellowship	Specialty	Institute/board	Year obtained		

COMPUTER PROFICIENCY	Very good	Good	Fair
MS WORD			
MS POWERPOINT			
INTERNET			

STATEMENT OF PURPOSE

Please write down the purpose for enrolling in this course (250-300 words)

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:
 - 2 Photocopies of Final Degree **OR** Mark sheet
 - 2 Photocopies of valid PMDC/PMC Registration
 - 2 Photocopies of valid CNIC
 - 2 Photocopies of LNH employment card (for LNH faculty only)
 - 2 passport size photographs attested from the front
 - 2 Photocopies of Matriculation certificate / O Level equivalence certificate **OR** Matriculation mark sheet

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: _____