

## Department of Health Professions Education

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

April 10, 2025- October 10, 2025

#### Admission Form

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

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

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

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

Gender:      Male        Female   

CNIC:      

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**Paste**  
  
Passport size  
**Photograph**  
  
here

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

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

Cell #: \_\_\_\_\_

Whatsapp #: \_\_\_\_\_

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

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

**Professional experience (starting from current)**

Designation	Department	Institute	Dates Employed	

**Academic qualifications (starting from most recent)**

<b>Degree/ Diploma/ Fellowship</b>	<b>Specialty</b>	<b>Institute/board</b>	<b>Year obtained</b>

<b>COMPUTER PROFICIENCY</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>
MS WORD			
MS POWERPOINT			
INTERNET			

**STATEMENT OF PURPOSE**

Write a paragraph of 250 to 300 words on how the course will help you in your current position or professional career.

Blank area for writing the statement of purpose.

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