

Department of Health Professions Education

CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (CHPE) COURSE

August 28, 2024- February 8, 2025

Admission Form

Form No. _____ (Office Use only)

Name: _____

Father's/Husband's Name: _____

Date of birth: _____

Gender: Male Female

CNIC:

						-								-		
--	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--	--

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)			
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: _____