

Serial No: _____



Faisalabad Medical University Faisalabad

Health Professions Education & Research Department first floor Allied Hospital phone 041- 9210078

Admission Form for Certificate Course in Health Professions

Education (CHPE)

Instructions:

- **Spelling of the candidate’s and his/her father’s name must be written as per Matric certification / equivalence so that it can be finally printed on the certification.**
- **All the boxes must be filled with black ink and in capital words.**
- **Please avoid over writing and fill neatly.**

Please paste photograph here attested form front side (3x3cm) with blue background

Admission Form for Certificate Course in Health Professions Education (CHPE)

Full Name (first, middle, last)

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Father’s Name (first, middle, last)

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Applicant’s CNIC

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Name of institution where you are currently employed or studying

Specialty

Nationality

Postal Address (mention all relevant information like post code etc.)

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Email: (mandatory) _____

Mobile/ Phone No:

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Designation:

- Professor Associate Professor Assistant Professor
 Lecture/Demonstrator / Senior Registrar Any Other

Experience:

Please Mention Your Experience

- 1 (Latest)
2
3

Documents check list:

- 2 Attested Pic Attached ID card copy Latest Degree attested photocopy
 Latest experience certificate

Undertaking by the Applicant

1. I hereby solemnly declare that all the information provided in this form is true and correct to the best of my knowledge and nothing has been concealed.
2. I shall be fully responsible for my every act and will follow all the rules and regulations of the university.
3. I am ready to pay the required course fee of **Rs.40,000/-** before the commencement of the course at the time of admission if I get selected.

Date: _____

Signature of the Applicant