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 be filled with <u>black ink</u> and in <u>capital words</u>.
- > Please avoided 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)																								
E	l No	me (fi	ret m	niddl	o los	·4\																		
ru	I Na	me (III	rst, n		e, ias																			
Eat	Father's Name (first, middle, last)																							
гац	ilei s	Name	(III)	st, III	luule	, iastj																		
Apı	Applicant's CNIC																							
Na	me	of ins	stitu	tion	whe	ere yo	u are	cur	rent	ly er	nplo	yed	or s	tudy	ing									
Specialty Nationality																								
Postal Address (mention all relevant information like post code etc.)																								
••••		•••••	•••••							• • • • • • • • • • • • • • • • • • • •			•••••	•••••		 •••••	•••••	•••••	 •••••	•••••	 •••••	••		

Email: (mandatory)	Mobile/ Phone No:									
Designation:										
Professor Associate Professor	Assistant Professor									
Lecture/Demonstrator / Senior Registrar	Any Other Specialty									
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										
_										
l la do rtoleina	, by the Applicant									
<u>Ondertaking</u>	by the Applicant									
1. I hereby solemnly declare that a	II the information provided in this form is true									
and correct to the best of my know	owledge and nothing has been concealed.									
<ol><li>I shall be fully responsible for my regulations of the university.</li></ol>	y every act and will follow all the rules and									
3. I am ready to pay the required c	ourse fee of <u>Rs. 40,000/-</u> before the									
commencement of the course at	the time of admission if I get selected.									
Date: Si	ignature of the applicant:									