

Department of Health Professions Education

CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (CHPE) COURSE

May 26, 2023- November 25, 2023

Admission Form

	Form No	(Office Use only)
Name:		Paste
Father's/Husband's Name:		Passport size
Date of birth: Gender: Male Female		Photograph
CNIC:		
Mailing Address:		
Mailing Address: Permanent Address:		
Permanent Address:		

Designation	Department	Institute	Dates Employed	

Degree/ Diploma/ Fellowship	Specialty	Institute/board	Year obtaine

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 Matriculationmark 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: