

Department of Health Professions Education CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (CHPE) COURSE

January 19, 2026 - July 04, 2026

Admission Form

		Form No	(Office U	(Office Use only)			
Name:				Paste			
Father's/Husband's Nar	Pas	sport size					
Date of birth:			Pho	otograph			
Gender: Male		here					
CNIC:							
Cell #: Whatsapp #:							
Email:		<u> </u>					
Current position & department	rtment:						
Professional experience	(starting from current)						
Designation	Department	Institute	Dates Er	Dates Employed			

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

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 Registration				
2	2 Photocopies of valid CNIC				
2	2 Photocopies of LNH employment card (for LNH faculty only)				
2	passport size photographs attested from the front Photocopies of Matriculation certificate / O Level equivalence certificate OR Matriculation nark sheet				
DECLARATION					
	estify that all the information in this form is correct to the best of my knowledge. I understand that the thholding or providing false information will make me ineligible for admission in this program				
Signature of the Applicant:					
	Date:				