**APPLICATION FORM**

**Certificate in Health Professions Education**

Photograph

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CNIC No.**

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**Age:- \_\_\_\_ Gender:-** Male Female **Date of Birth.**

**Email: -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temporary Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Working Details**

1. Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PMC Reg. No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Obtained Marks** | **Total Marks** | **Marks %** | **Experience Year** |
|  | Matric/ A Level |  |  |  |  |  |  |
|  | FSC/ O Level |  |  |  |  |  |  |
|  | MBBS |  |  |  |  |  |  |

**Objectives for Enrollment in this Program**

|  |  |
| --- | --- |
| **Sr.#** |  |
| 1 |  |
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Signature of Candidate Date: \_\_\_\_/\_\_\_/2023

**CHECKLIST FOR APPLICATION:**

|  |  |  |
| --- | --- | --- |
| **S. No** | **Detailed** | **Yes/ No** |
|  | Attested Copy of CNIC. |  |
|  | Four Passport Size Photographs with Blue Background all Picture Back Attested.. |  |
|  | Attested Matric/A Level degree. |  |
|  | Attested F.sc/O Level Degree. |  |
|  | Attested MBBS Degree/Transcript. |  |
|  | Attested Domicile. |  |
|  | Attested Experience Letter if any. |  |
|  | Attested Valid PMC Certificate. |  |
|  | Application Fee (bank draft in the favor of Vice Chancellor, RMU). |  |
|  | Application is duly signed and all columns are filled. |  |
|  | The Last Page Admit Card Must be Filled and the image not be stapled, but paste it. |  |