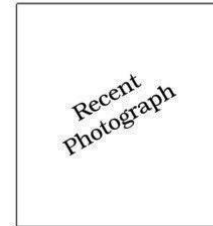




# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## ADMISSION FORM FOR MHPE PROGRAM



Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [Male/Female]

### Contact Information:

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: Office \_\_\_\_\_ Res \_\_\_\_\_

Mobile #: \_\_\_\_\_

**Employment information (Current Position):**

Designation: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_ Date of Joining \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Current Job Responsibilities (Brief) \_\_\_\_\_

\_\_\_\_\_

**Academic Qualifications:** (Starting from MBBS/BDS)

| S/No | Name of Qualification | Institution | Year obtained | City/Country |
|------|-----------------------|-------------|---------------|--------------|
| 1    |                       |             |               |              |
| 2    |                       |             |               |              |
| 3    |                       |             |               |              |
| 4    |                       |             |               |              |
| 5    |                       |             |               |              |
| 6    |                       |             |               |              |

**Professional Experience:** (in years)

Primary Specialty: \_\_\_\_\_

Teaching Experience: \_\_\_\_\_

\_\_\_\_\_

**Employment Experience:**

| Designation | Institution | Start Date/Finish Date | Duration |
|-------------|-------------|------------------------|----------|
|             |             |                        |          |
|             |             |                        |          |
|             |             |                        |          |
|             |             |                        |          |
|             |             |                        |          |

**Number of publications in indexed Journals:** (Attach detailed list)

National: \_\_\_\_\_

International: \_\_\_\_\_

**Experience in Medical Education:** (attach separate sheet for details)

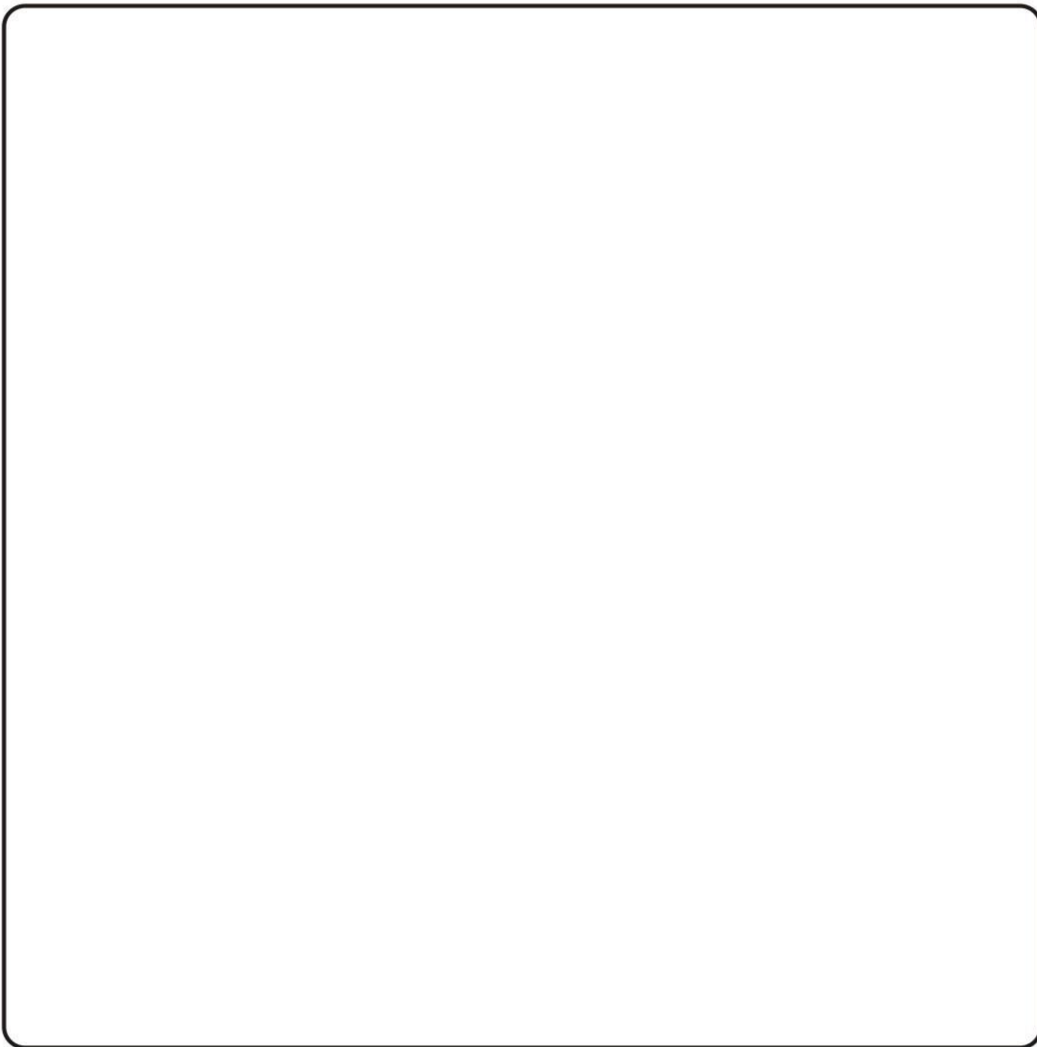
|                               | <u>Attended</u> | <u>Conducted/Assisted</u> |
|-------------------------------|-----------------|---------------------------|
| ➤ Workshop                    | _____           | _____                     |
| ➤ Seminars                    | _____           | _____                     |
| ➤ P B L                       | _____           | _____                     |
| ➤ Supervisory Skill Workshops | _____           | _____                     |

**Computer Literacy**

|                                   | Good  | Fair  | Nil   |
|-----------------------------------|-------|-------|-------|
| ➤ MS Word                         | _____ | _____ | _____ |
| ➤ MS PowerPoint                   | _____ | _____ | _____ |
| ➤ SPSS                            | _____ | _____ | _____ |
| ➤ Internet                        | _____ | _____ | _____ |
| ➤ Proficiency in English Language | _____ | _____ | _____ |

**Please type a one page statement about the following:**

- What are your reasons for joining this postgraduate program in medical education?

A large, empty, rounded rectangular box with a thin black border, intended for the user to type their response to the question above. The box is centered horizontally and occupies most of the page's width and a significant portion of its height.

**Financial Support**

Who will pay your fee \_\_\_\_\_ Institution \_\_\_\_\_ Self \_\_\_\_\_ any other \_\_\_\_\_

**Fee Paid:**

Bank Draft / Pay Order # \_\_\_\_\_ dated \_\_\_\_\_ amounting to Rs. 2000/- in favour of \_\_\_\_\_

**List of documents to be included in application:**

- Bank Draft of Rs. 2000/-
- Application form duly completed
- 2 x Passport size photographs
  
- Attested copies of followings:-
  - Computerized National Identity Card
  - Degree of MBBS/BDS or equivalent
  - PMDC Registration
  - Certificate of educational workshops/courses attended

**UNDERTAKING**

I have carefully read the instructions and testify that all the information provided is complete and correct. I understand that withholding any information or providing false information shall make me ineligible for admission to this program. I agree to bear all expenses incurred on travel, boarding and lodging, for attending contact sessions and those incurred on purchasing of books and reference material.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date