



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

DEPARTMENT OF MEDICAL EDUCATION

Two Photograph

Personal Data		
Full Name:		
Father/ Husband Name:		
Date of Birth:		
Designation:		
Institution:		
Mailing Address:		
Phone no (res):	Fax no:	
Mobile no:	Email:	
Qualifications (honorary qualifications should not be mentioned)		
Qualification	Years	Institution

5th Floor, School of Dentistry, SZABMU, Sector G-8/3, Ravi Road, Islamabad

Phone: +92-51-9107503, 9107687-80-81-90,

Site: www.szabmu.edu.pk Email: medicaledu@szabmu.edu.pk



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

DEPARTMENT OF MEDICAL EDUCATION

Educational Workshop Attended				
Title of Workshop	Yes	No	Year	Place
Educational planning and Evaluation				
Assessment of Competence				
Supervisory Skills				
Research Methodology, biostatistics and Medical Writing				
Teaching Assignments				
Post held	Institution	Duration with date		
		Form	To	

Please enclose:

- 1- Curriculum Vitae
- 2- Photocopy of valid PMC Registration
- 3- 25 MCQs
- 4- Photocopy of appointment letter of the present position
- 5- Recommendation letter from the Head/Principal of the institution
- 6- Faculty List: Please mention the names of the faculty members in each unit in the specialty and number of trainees registered under each.
- 7- Photocopy of the four Mandatory workshops for Supervisors i.e.
 - a. Educational planning and Evaluation
 - b. Assessment of Competence
 - c. Supervisory Skills
 - d. Research Methodology, Biostatistics, and Medical Writing

Date: _____

Signature with Stamp

5th Floor, School of Dentistry, SZABMU, Sector G-8/3, Ravi Road, Islamabad

Phone: +92-51-9107503, 9107687-80-81-90,

Site: www.szabmu.edu.pk Email: medicaledu@szabmu.edu.pk



SHAHEED ZULFIQAR ALI BHUTTO **MEDICAL UNIVERSITY**

DEPARTMENT OF MEDICAL EDUCATION

FOR OFFICE USE ONLY

5th Floor, School of Dentistry, SZABMU, Sector G-8/3, Ravi Road, Islamabad

Phone: +92-51-9107503, 9107687-80-81-90,

Site: www.szabmu.edu.pk Email: medicaledu@szabmu.edu.pk



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

DEPARTMENT OF MEDICAL EDUCATION

WORKSHOP FEE SCHEDULE

Workshop for Supervisor

S. No	Workshop Name	Fee Details
1	Educational Planning and Evaluation	8500/-
2	Assessment of Competence	8500/-
3	Supervisory Skills	8500/-
4	Research Methodology, Biostatistics, and Medical Writing	8500/-
5	Basic Life Support	7500/-

5th Floor, School of Dentistry, SZABMU, Sector G-8/3, Ravi Road, Islamabad

Phone: +92-51-9107503, 9107687-80-81-90,

Site: www.szabmu.edu.pk Email: medicaledu@szabmu.edu.pk