SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

ADMISSION FORM FOR MHPE PROGRAM

Name		Recent Photographs
Father's Name		
Date of Birth		
Gender		
CNIC		
Contact Information:		
Office Address		
Postal Address		
Email Address		
Telephone Number		
Mobile Number		
Employment Information: (Current Position)		
Designation		
Institution/Organization		
Date of Joining		
Address		
Tel No:		
Current Job Responsibilities (Brief)		

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Academic Qualifications: (starting from MBBS/BDS)

Sr. 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	End Date	Duration

Number of publications in Indexed Journals: (Attach detailed list)

National: _____

International: _____

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

	Attended	Conducted	Assisted
Workshop			
Seminars			
P B L			
Supervisory skill workshops			

Computer literacy:

	Good	Fair	Nil
MS Word			
MS PowerPoint			
SPSS			
Internet			
Proficiency in English Language			

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Please type a one page statement about the following

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

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Financial Support

Who will pay your fee _____ Institution _____ Self _____ any other _____

Fee paid:

Bank Draft/Pay order # _____ dated _____
amounting of Rs. 5,000/- in favour of **Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad.**

List of documents to be included in application:

- Bank Draft of Rs. 5000/-
- 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