

SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY (SZABMU)

DEPARTMENT OF MEDICAL EDUCATION

APPLICATION FORM

CERTIFICATE IN AI FOR MEDICAL EDUCATOR (CAIME)

Program duration: 03 months	Application deadline: 30 October 2026
Fee: PKR 36,000 (non-refundable/non-adjustable); a registration fee of PKR 2,000 must be submitted along with the registration form. <i>*The fee is to be paid via Bank Challan form at NBP, PIMS Branch, Islamabad</i>	Contact sessions: 02 (03 days each), face-to-face
1. APPLICANT INFORMATION	

Full name (as per CNIC)	_____
Father's name	_____
CNIC / Passport No.	_____
Date of birth	_____ Gender (optional): _____
Postal address	_____
Mobile number	_____
Email address	_____
City / Province	_____

2. ACADEMIC QUALIFICATIONS

Highest qualification	_____
Degree/qualification	_____
Institution / University	_____
Year of completion	_____ PMDC Registration No. (if applicable): _____

3. PROFESSIONAL INFORMATION

Current designation	_____
Department/specialty	_____
Institution/organization	_____
Total professional experience	_____
Teaching / medical education experience	_____
Institutional address	_____

4. ELIGIBILITY (PLEASE TICK THE APPLICABLE CATEGORY)

I am applying as a:

- ☐ MBBS graduate ☐ BDS graduate ☐ Allied Health Sciences graduate
☐ BS Nursing graduate ☐ Public Health professional ☐ Postgraduate medical trainee

Other (please specify, if applicable): _____

5. APPLICANT'S STATEMENT OF INTEREST

Briefly state your motivation for joining the AIME program and how you plan to apply AI in teaching, learning, assessment, research, or educational practice.

6. DOCUMENT CHECKLIST

- ☐ Copy of CNIC / passport
☐ Copies of relevant academic degree(s) / certificates
☐ Updated CV / résumé
☐ Evidence of professional designation / institutional affiliation (if applicable)
☐ Fee payment proof (as instructed by the Department)

7. DECLARATION BY APPLICANT

I hereby declare that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee admission and that the University may verify the information and supporting documents. I acknowledge that the advertised program fee of PKR 36,000 is non-refundable and non-adjustable.

Applicant's signature	_____
Date	_____

8. FOR OFFICIAL USE ONLY

Application received on	_____
Eligibility verified by	_____
Documents complete	☐ Yes ☐ No
Fee status	☐ Paid ☐ Pending Receipt / transaction reference: _____
Decision	☐ Accepted ☐ Waitlisted ☐ Not accepted
Remarks	_____ _____
Authorized signature/stamp	_____

PROGRAM HIGHLIGHTS

Two face-to-face contact sessions (three days each) | 09:00 am–03:00 pm | Outcome-Based Education (OBE) framework |
Formative and summative assessment

Contact Session 1: Pedagogical Excellence • Contact Session 2: Research & Innovation Excellence

For further details: Mr. Azeem | 0318 5515649 | medicaleducation@szabmu.edu.pk
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