

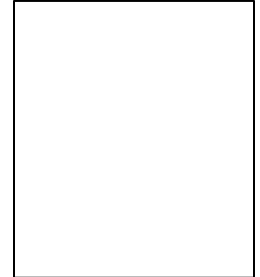


Advanced Professional Certificate Courses



APPLICATION FOR ADMISSION

<input type="checkbox"/> Certified Healthcare Quality Professional <input type="checkbox"/> Certified Healthcare Project Management Professional



A. PERSONAL DATA

1.NAME:FATHER'S NAME: Mr. Ms. <input type="checkbox"/> <input type="checkbox"/>	
2.COMPANY:	
3.ADDRESS(Office): (Residence):	
4.DATE OF BIRTH(Day/Month/Year):	5.CNIC.NUMBER:
6.CELL:	7.WORKPHONE:
8.FAX:	9. E-MAIL:

B. EDUCATION (Attach your credentials with the application)

10.DEGREE	11.COLLEGE OR UNIVERISTY (Name City/Country)	12.DATESATTENDED		13.NO.OFACADEMIC YEARS	14.GRADE / DIVISION
		FROM (Year)	TO (Year)		

C. SUMMARY OF PROFESSIONAL EXPERIENCE

15.POSITION	16.EMPLOYER	17.START DATE (Month/Year)	18.FINISH DATE (Month/Year)	19.YEARS IN POSITION
TOTAL YEARS				

D. TECHNICAL TRAININGS/ COURSES

20.DESCRPTION OF TRAININGS/COURSES	21.INSTITUTE	22.DURATION	23.DATESATTENDED	
			FROM (Month/Year)	TO (Month/Year)



E. PROFESSIONAL MEMBERSHIPS

24. TYPE OF MEMBERSHIP	25. PROFESSIONAL BODY	26. MEMBER SINCE

F. EMPLOYER'S APPROVAL (in case the candidate is sponsored by an employer)

1. I certify that the information provided by the candidate is accurate to the best of my knowledge.
2. I have no objection whatsoever on the candidate's admission and participation in the course.

EMPLOYER'S STAMP & SIGNATURE

NAME

DATE

G. CANDIDATE'S VALIDATION

I certify that the statements above including my attachments are accurate to the best of my knowledge and hereby authorize the institute to verify any information submitted. I understand that any falsification of any information in this application or attachment may cause for rejection or withdrawal of certification. I further agree to hold the DUHS and PIQC harmless from any additional liability in the event this application is rejected on the basis of information furnished to DUHS and PIQC by me or third person which would make me ineligible. I further agree to adhere to the DUHS and PIQC's Code of Professional Conduct if I am certified, to meet the requirements of continuous certification.

APPLICANT'S SIGNATURE

DATE

DOCUMENTS TO BE ATTACHED

(Please ensure that the following documents have been attached and tick appropriately)

1. Application Fee: Rs. 3,000/- (Non-Refundable)
2. Passport Size Photographs (Three)
3. Professional Degree(s) / Provisional Certificate(s) - Photocopies
4. Certificate(s) of training Courses - Photocopies
5. Bio-data / Resume

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PIQC USE ONLY

CHECK POINTS			
PERSONAL INFORMATION	COMPANY INFORMATION	REFERENCE DOCUMENTS	FEES PAID
CHECKED BY: _____ (SIGNATURE)		DATE: _____	_____
REVIEW AND APPROVAL REVIEW/APPROVER: _____ (SIGNATURE)		THE APPLICATION HAS BEEN REJECTED DATE: _____	

Contact for Registration:

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