

Application form for Clinical Research Certified Professional (CRCP) Course

— Personal Information –			
i ci șonar information	Please fill in BLOCK letters		
Name of Applicant:			Please Affix Photograph
S/o, D/o, W/o:			here
Date of Birth:			
Present Address:		City:	
Permanent Address:		City:	
Tel No (Residential):			
Cell No:			
Alternate Cell No:			
Email Address:			
Alternate Email Address:			
C.N.I.C #:			
PMDC/Pharmacy Council/Nursing Council etc	. Registration No		

YOUR EDUCATION HISTORY

Academic Record	Name & Place of Institute	Passing Year	Marks Obtained	% / Div
Matric / O level / Equivalent				
Inter Science / A level / Equivalent				
Graduation Degree Name:				
Postgraduate Degree Name:				
Others Degree Name:				

EXPERIENCE

Company / Institute Name	Position / Designation	Duration	Total Experience
1.			
2.			
3			

DUHS RULES AND REGULATIONS

- Mandatory requirement to appear in final examination.
 - 80% Attendance
 - Submission of all assignments

DOCUMENTATION REQUIRED

1. Each application for admission should be accompanied by **Non Refundable Application Processing Fee** of Rs.500/= (Rupees Five Hundred only) in the form of **Paid Fee Voucher** (Available from CTU & DUHS website) in any UBL'S Branch of Pakistan.

2. Attach (01) copy of following documents:

- i) Attested C.N.I.C
- ii) Attested Consolidated Transcript/Degree of Last Examination attended (Graduation/Post Graduation)
- iii) Curriculum Vitae.
- iv) Paid Fee Voucher (Original Paid Fee Voucher should be attached)
- v) Attested PMDC/Pharmacy Council/Nursing Council etc. Registration Certificate

5. How did you get to know about this course? Please tick the appropriate source(s) of your information.

a) Newspaper. (Jang/ Dawn)	b) DUHS website	c)	Events update
d) Old student of CRCP Course	e) CRCP course poster	f)	Facebook
g) Any other. (Specify)			