



Clinical Trials Unit

DOW UNIVERSITY OF HEALTH SCIENCES

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Application form for Clinical Research Certified Professional (CRCP) Course

Personal Information

Please fill in **BLOCK** letters

Name of Applicant: _____
S/o, D/o, W/o: _____
Date of Birth: _____
Present Address: _____
Permanent Address: _____
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. _____

Please Affix
Photograph
here

City: _____

City: _____

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.			
4.			



DUHS RULES AND REGULATIONS

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

UNDERTAKING

This is to certify that all information given by me is correct and that I will abide the Rules and Regulations, failing to which management have reserved the rights to cancel my admission any time.

Applicant's Signature

Dated: _____

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** in any UBL'S Branch of Pakistan.
2. **Attach 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 also be attached**)
 - v) Attested PMDC/Pharmacy Council/Nursing Council etc. Registration Certificate
3. Two (02) Snaps.
5. **How did you get to know about this course?** Please tick the appropriate source of your information. **Please tick on the option / options.**

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.				

YOU SHOULD MENTION YOUR CURRENT EMAIL ADDRESS AND CONTACT NUMBERS (LAND LINE / CELL PHONE) (MANDATORY)