

ADMISSION FORM

CERTIFICATE IN HEALTH PROFESSIONS EDUCATION(CHPE)

DOW INSTITUTE OF HEALTH PROFESSIONALS EDUCATION(DIHPE)

DOW UNIVERSITY OF HEALTH SCIENCES

Paste a Passport  
Size Picture Here

Form No. (Office Use only)

Date of Submission Form: / /

Note:

Fill the form in Capital Letters.

Name:

Date of birth (dd/mm/yy): / / Gender: M F Nationality:

CNIC:

Address:

Permanent Address:

Phone (Res): Cell #: Email:

In case of emergency please contact:

Name: Address:

Phone: Cell:

ACADEMIC QUALIFICATIONS

Name of Institutions	City, Country	Dates Received		Degree Received	MARKS OBTAINED	GRADE/CGPA	

EMPLOYMENT RECORD

Name of Institutions	Major Responsibilities	Position	Dates Employed	

### **IMPORTANT NOTE / INSTRUCTIONS**

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents **in the following sequence**. The documents & certificates must be attested by Gazetted Officer/ Nazim. The stamp of the officer must bear full name, designation and current place of duty.

**Note: Check (✓) the relevant box for the attached documents.**

**Attested photo copies of the following documents are required:**

- ☐ One Passport Size Picture (should be glued/pasted on admission form)
- ☐ MBBS/BDS degree
- ☐ Post-graduation degree/certificate
- ☐ Valid PMDC Registration
- ☐ Any other higher Diploma with Transcript
- ☐ Valid CNIC
- ☐ Any relevant experience certificates
- ☐ Professional Resume

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will be rejected.** Avoid rewriting/cutting, while filling the form.
2. Applications should reach office of the Coordinator (DIHPE) on or before the closing date and time. Applications received after the due date and time will not be entertained for admission.
3. Application forms with any **false statement** by the candidate will be rejected
4. If any certificate submitted by the candidate is found **false, or forget** during his/her **study period** his/her admission shall be cancelled.

## DECLARATION

*Certified that the facts produced are correct to the best of my knowledge.*

**Signature of the Applicant:** \_\_\_\_\_

***For office Use only***

<u>Remarks / Requirements</u>	

Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

**Signature of the course director:**\_\_\_\_\_

[illegible]

Received App. Form No. \_\_\_\_\_ Bank receipt No. \_\_\_\_\_ Amount deposited: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Checked & Received by Dealing Assistant:** \_\_\_\_\_

**Signature Dealing Assistant:**\_\_\_\_\_