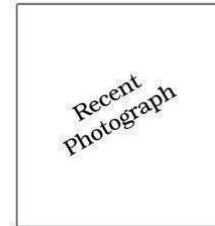




# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## ADMISSION FORM FOR MHPE PROGRAM



Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [Male/Female]

### Contact Information:

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: Office \_\_\_\_\_ Res \_\_\_\_\_

Mobile #: \_\_\_\_\_

**Employment information (Current Position):**

Designation: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_ Date of Joining \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Current Job Responsibilities (Brief) \_\_\_\_\_

\_\_\_\_\_

**Academic Qualifications:** (Starting from MBBS/BDS)

S/No	Name of Qualification	Institution	Year obtained	City/Country
1				
2				
3				
4				
5				
6				

**Professional Experience:** (in years)

Primary Specialty: \_\_\_\_\_

Teaching Experience: \_\_\_\_\_

\_\_\_\_\_

**Employment Experience:**

<b>Designation</b>	<b>Institution</b>	<b>Start Date/Finish Date</b>	<b>Duration</b>

**Number of publications in indexed Journals:** (Attach detailed list)

National: \_\_\_\_\_

International: \_\_\_\_\_

**Experience in Medical Education:** (attach separate sheet for details)

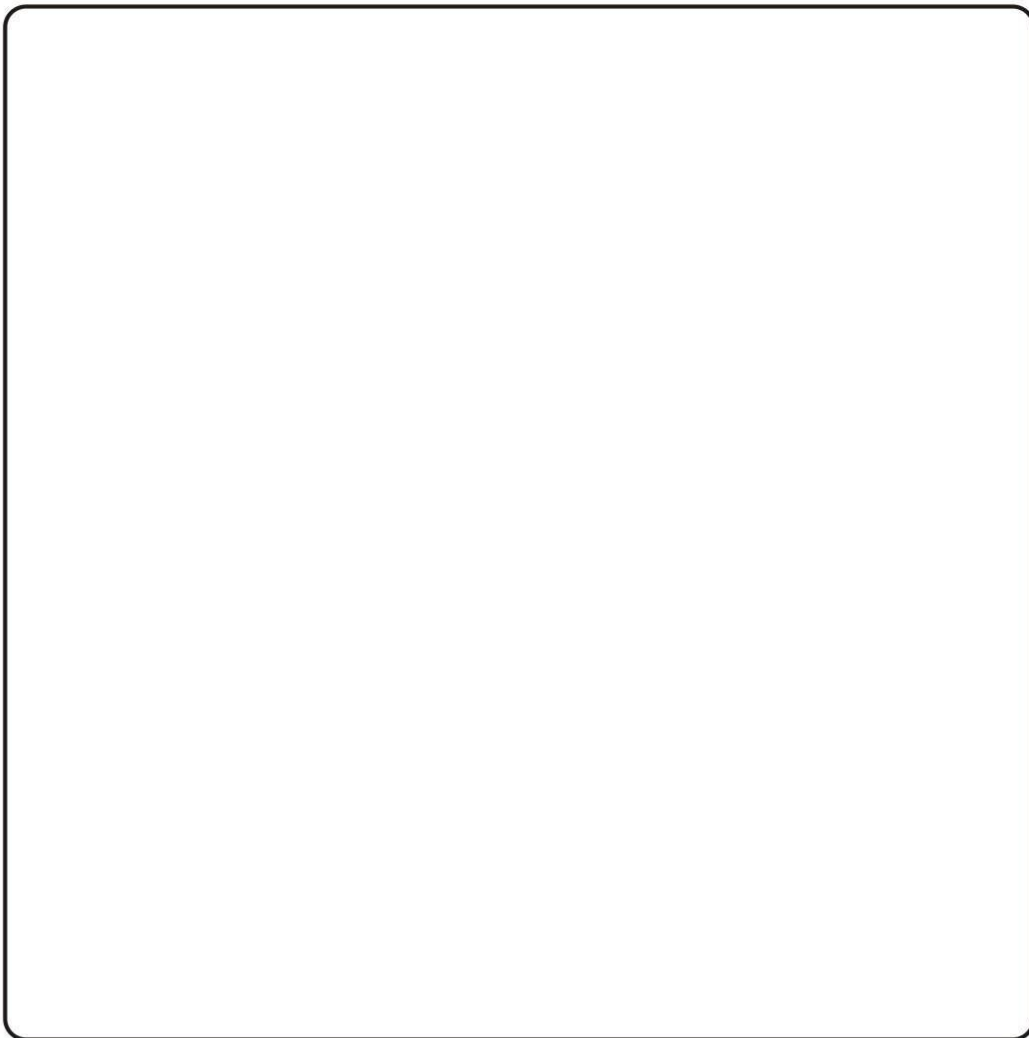
	<u>Attended</u>	<u>Conducted/Assisted</u>
➤ Workshop	_____	_____
➤ Seminars	_____	_____
➤ P B L	_____	_____
➤ Supervisory Skill Workshops	_____	_____

**Computer Literacy**

	Good	Fair	Nil
➤ MS Word	_____	_____	_____
➤ MS PowerPoint	_____	_____	_____
➤ SPSS	_____	_____	_____
➤ Internet	_____	_____	_____
➤ Proficiency in English Language	_____	_____	_____

**Please type a one page statement about the following:**

- What are your reasons for joining this postgraduate program in medical education?



**Financial Support**

Who will pay your fee \_\_\_\_\_ Institution \_\_\_\_\_ Self \_\_\_\_\_ any other \_\_\_\_\_

**Fee Paid:**

Bank Draft / Pay Order # \_\_\_\_\_ dated \_\_\_\_\_ amounting to Rs. 5000/- in favour of \_\_\_\_\_

**List of documents to be included in application:**

- Bank Draft of Rs. 5000 /-
- Application form duly completed
- 2 x Passport size photographs
- Attested copies of followings:-
  - Computerized National Identity Card
  - Degree of MBBS/BDS or equivalent
  - PMDC Registration
  - Certificate of educational workshops/courses attended

**UNDERTAKING**

I have carefully read the instructions and testify that all the information provided is complete and correct. I understand that withholding any information or providing false information shall make me ineligible for admission to this program. I agree to bear all expenses incurred on travel, boarding and lodging, for attending contact sessions and those incurred on purchasing of books and reference material.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date