



# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## ADMISSION FORM FOR MHPE PROGRAM

Name		Recent Photographs
Father's Name		
Date of Birth		
Gender		
CNIC		
<b>Contact Information:</b>		
Office Address		
Postal Address		
Email Address		
Telephone Number		
Mobile Number		
<b>Employment Information: (Current Position)</b>		
Designation		
Institution/Organization		
Date of Joining		
Address		
Tel No:		
Current Job Responsibilities (Brief)		



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

Sr. 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:**

Designation	Institution	Start Date	End Date	Duration

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

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

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



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

	<b>Attended</b>	<b>Conducted</b>	<b>Assisted</b>
<b>Workshop</b>			
<b>Seminars</b>			
<b>P B L</b>			
<b>Supervisory skill workshops</b>			

**Computer literacy:**

	<b>Good</b>	<b>Fair</b>	<b>Nil</b>
<b>MS Word</b>			
<b>MS PowerPoint</b>			
<b>SPSS</b>			
<b>Internet</b>			
<b>Proficiency in English Language</b>			



# **SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY**

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

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



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### Financial Support

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

### Fee paid:

Bank Draft/Pay order # \_\_\_\_\_ dated \_\_\_\_\_  
amounting of Rs. 5,000/- in favour of **Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad.**

### 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