LIAQUAT UNIVERSITY



OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN

URL: <u>www.lumhs.edu.pk</u>E-mail: dmelumhs@lumhs.edu.pk
Telephone # 92-22-9213373

Paste a Passport Size Picture Here

DIRECTORATE OF MEDICAL EDUCATION

Certificate in Health Professions Education (CHPE)

ADMISSION FORM

Form No(Offic	e Use only)							
Date of Submission Form	:/							
Note: 1. Please read the instrufilling this form:	ctions given in the adm	ission polic	y in the pro	ospectus and at t	he back of this applic	cation form befor	re	
2. Fill the form in Capita	al Letters.							
Name:		Fathe	er's Name_					
Date of birth (dd/mm/yy):	// Gen	der: M	F	Domicile:				
Nationality:	<i>NIC</i> :		ĺ					
Mailing Address:								
Permanent Address:								
Phone (Res): Cell #: E			Email:		Passpor	assport #:		
	A	CADEMI	C QUAL	IFICATIONS				
Name of Institutions	Name of Institutions City, Country		Received	Degree Received	Marks Obtained	Total Marks	%	
		Emp	loyment l	Record				
Name of Institutions	Major Respon	sibilities	P	Position	Dates Emp	loved		
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IMPORTANT NOTE / INSTRUCTIONS

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

lote	: Check (□) the relevant box for the attached documents.						
	Three Passport Size Pictures						
]	Copy of Final Degree						
]	Valid Faculty Registration						
	Copy of valid CNIC						
	Copy of any relevant experience certificates						
	Copy of professional Resume NOC From HOD / Chairperson						
	Foreign students must submit copy of Passport Use additional page if required. 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.						
	 Applications should reach Directorate of Medical Education – LUMHS on or before the closing date and time. Applications received after the due date and time will not be entertained for admission. Application forms with any false statement by the candidate will be rejected If any certificate submitted by the candidate is found false, or forged during his/her study period his/her admission shall be cancelled forthwith and he/she shall be blacklisted for admission. 						
-	DECLARATION						
	Certified that the facts produced are correct to the best of my knowledge.						
	Signature of the Applicant:						
	Ear office Use only						
	For office Use only Remarks / Requirements						
	Nemarks / Requirements						
	Receipt No Dated:						
	Checked by Office Assistant:						
-							
	Received App. Form No Bank receipt No Amount deposited: Dated://						



Liaquat University of Medical & Health Sciences, Jamshoro