Form	No.		
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KING EDWARD MEDICAL UNIVERSITY, LAHORE.



1.	Certificate in Health Profession Education (CHPE)
2.	Certificate in Health Leadership & Management
	(CHL&M)
3.	Certificate in Specialized Allied Health Practices
	(Different Specialties)
4.	Certificate in Family Medicine (CFM)

Please attach five (5) recent color photographs here

(Please check any one box; you can only use one application form for a single certificate. If you're interested in applying for more than one certificate, please use the additional application form.)

If you're interested in applying for more than one certificate,	please use the add	litional application fo	orm.)		
Certificate applied for:					
Name of applicant (in Block Letter):					
S/o, D/o, W/o:					
Date of Birth: DD/MM/YY//	_Age	Years:	Month:	Days:	
CNIC #		-		-	-
Domicile:		Provir	nce:		
Council Reg. No. (PMDC/PNC/AHPC):			Valid Upto:		
Telephone Numbers: Mobile		Landl	ine:		
Email:					
Current Address: (where interview call is to	o be sent).				
Permanent Address:					

Basic Qualifications:

Qualification	Year	Institution & City	Total Marks	Marks Obtained	%	Attempts
Matric/ Intermediate / Graduation						

Postgraduate Qualification:

Qualification	Year	Institution

(Please attach attested copies of all relevant documents)

Professional Experience:

Designation	Hospital/ Institution	Pe	eriod	Duration
Designation	110spital/ Institution	From	To	Duration

ourse		
(Please attach copies o	f all relevant documents)	Please attach extra sheet if required
ublications		Total:
Name of Journal	Topic	Author Position
LOCAL		
INTERNATIONAL		
BOOK		
(Please attach copies of		Please attach extra sheet if required

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Please write YES or NO against the attested photocopies of certificates and other related documents which you have attached with the application.

a)	Resume/	b)	Graduation	
	CV(Curriculum Vitae)		(Transcript and Degree)	
c)	Postgraduate	d)	Experience Certificates	
	(Transcript and Degree)		(Including Current Employer)	
e)	Council Registration Certificate	f)	Research Publications	
	(PMDC/PNC/AHPC)		(Attached All Publications Record)	
g)	Attempt Certificate (if applicable)	h)	Certificate of Distinction or Achievement	
i)	Copy of CNIC	j)	Five (5) Recent Color Photographs	
k)	Paid Challan Form (Processing Fee)	1)	NO Objection Certificate (NOC)	
Ar	y other	1		

•	I have filled this application form carefully. I do hereby solemnly declare that replies given
	by me in this application form are correct to the best of my knowledge.

•	I fully understand that if my application is incomplete, unsigned or not accompanied by the
	attested photocopies of all the relevant documents including research papers, it will be rejected

Dated:
