

**10 CREDITS POSTGRADUATE CERTIFICATE CBT (AFFILIATED WITH KHYBER MEDICAL UNIVERSITY)**



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➤ **PERSONAL INFORMATION:**

Candidate Name: \_\_\_\_\_ Candidate Father Name: \_\_\_\_\_

Gender: Male  Female  Date Of Birth: \_\_\_\_\_  
DD/MM/YEAR

Candidate CNIC #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Nationality: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact # (1): \_\_\_\_\_ Emergency Contact # (2): \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

➤ **CURRENT AND PREVIOUS EDUCATIONAL INFORMATION:**

<u>Title Of Qualification</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>Grade</u>	<u>Institute</u>

**(If not completed, kindly indicate date on which final result will be available)**

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➤ **SUPPORTING DOCUMENTS:**

**The Following Supporting Documents are required with all Applications.**

1. Attested Copy of the award certification/qualifications.
2. Attested Copies of the Experiences Certificates.
3. Original Bank Draft/ transfer receipts off Rs. 1000/- Registration fee Non Refundable, Payable to postgraduate Clinical studies KMC/KTH Account Number PK 44 NBP A 0388004136811535.
4. Two passport size color photographs.
5. A Current Resume/ CV.
6. Personal Statement (Briefly describing why you wish to attend this course and how is it going to benefit your current work)

➤ **REFENCES:**

Provide Name and Contact Number: (At least TWO Referees)

**1: Referee Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

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

Designation: \_\_\_\_\_ **Email:** \_\_\_\_\_

Postal Address of the Institute: \_\_\_\_\_

**2: Referee Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

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

Designation: \_\_\_\_\_ **Email:** \_\_\_\_\_

Postal Address of the Institute: \_\_\_\_\_

**DECLARATION:**

I confirm that the information I have provided on this application form is to (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the course organizers promptly if any information contained on this application form should change.

Full Name: \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature \_\_\_\_\_ **FOR**

**OFFICE USE ONLY:**

**Application Receive Date:** \_\_\_\_\_

**Accepted:** \_\_\_\_\_ **Rejected:** \_\_\_\_\_

**Reason for rejection of the applicant (if):** \_\_\_\_\_

**Note: If candidate share his/her additional information regarding his/her educational, experiences and other supporting information relevant to his/her academics kindly use A4 size White Paper.**