



Form. No. _____ (Office Use Only)
Application Form for Admission
Masters in Health Professions Education
(Session Fall 2022-2024)

Paste a
passport size
picture here

Name: _____ Father Name: _____

Date of Birth (dd/mm/yyyy): _____ Gender: _____ Domicile: _____

CNIC No.: _____ Nationality: _____

Mailing Address: _____

Landline: _____ Cell #1 : _____ Cell #2 (WhatsApp) : _____

Email ID-1 (In capital letters): _____

Email ID-2 (In capital letters if any): _____

Permanent Home Address: _____

Application Processing Fee: Rs 3000/- Receipt No: _____ Dated: _____

Educational Record:

| Certificate/ Degree | Name of Board/ University | Subject with year of passing | Obtained / Total Marks | % Marks / CGPA |
|------------------------|------------------------------|---------------------------------|------------------------------|-------------------|
| Matriculation | | | | |
| Intermediate | | | | |
| Bachelors | | | | |
| Any other | | | | |
| | | | | |
| | | | | |

Continuing Professional Development:

| Type of Training | Name of Institution | Period From - To |
|------------------|---------------------|---------------------|
| | | |
| | | |
| | | |

Research Presentations/Publications (Relevant):

Attach copy of the enlisted publications (first page only)

| Title of Research Paper/Presentation | Name of Journal/Conference | Principal/Co-author | Date |
|--------------------------------------|----------------------------|---------------------|------|
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*Attach additional sheet (if required)***Employment Record:**

| Designation | Job Description (Teaching / Research /Admin) | Name of Institution | Period From - To |
|-------------|--|---------------------|------------------|
| | | | |
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I hereby declare that all the information above and documents furnished along-with it are true to the best of my knowledge.

Signature of the Applicant

Dated: ____ / ____ /2022

For office use only

Remarks/Requirements (Scrutiny Committee)

Checked by:

Attach the attested copies of the following documents with the application form in the following order;

Note: Check (√) the relevant box for attached documents

- Three recent passport size colored photographs of the applicant attested on the back. Paste one on the form and attached remaining two with stapler.
- Original bank receipt of the application processing fee.
- A copy of transcripts/degrees of SSC, HSSC, Bachelors, Masters and other relevant qualifications.
- A copy of experience Certificates to support employment records.
- A copy of the valid registration/membership of the relevant professional regulatory bodies.
- A copy of Computerized National Identity Card
- A copy of Domicile Certificate
- A statement of purpose (Max 1000 words)
- Prior NOC** (for KМУ Employees and faculty members)

Important Notes/Instructions

1. All applicants must appropriately fill and sign the admission form and undertaking. Incomplete/Inaccurate forms in any respect will be rejected.
2. Applicant must carefully study the Admission Policy of Khyber Medical University from Latest Prospectus (available on www.kmu.edu.pk) in order to understand the rules.
3. Application forms with any false statement by the applicant will be rejected.
4. If any document submitted by the applicant is found false or forged, his/her admission shall be cancelled forthwith and s/he shall be blacklisted for admission to any professional college or Higher Education Institution in the country. Further legal action can also be taken.
5. The statement of purpose should answer the following questions: Briefly describe your professional background? Why you want to join this programme? Why you should be chosen above other applicants? What are your career goals after completion of MHPE? What interests you about Masters in health professions education?
6. The complete forms along with the attested copies of all the documents should reach the office of Institute of Health Professions Education, Academic Block - 1st floor, Khyber Medical University, Hayatabad Phase-5, Peshawar, on or before the due date. Forms received after the due date will not be entertained.
7. The University/Scrutiny committee reserves the right to modify policies any time and reject any or all applications without assigning any reason whatsoever.

XX (cut here)XX

Form-No. _____

I, the undersigned hereby received MHPE application form for Fall Session 2022
_____ S/D/W of _____ on
_____/_____/2022 with the desired documents attached (checked and verified).

Office Manager
Signature