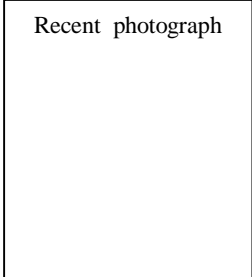




Admission Form
Master in Health Professions Education
Khyber Medical University



Name: _____

CNIC No _____/_____/_____

Date of Birth: _____ Gender: [Male] [Female]

Current Designation: _____

Institution _____

Office Address: _____

Mailing Address: _____

Phone Number : Off _____ Res _____

Mobile Number: _____

Email (1): _____

Email (2): _____

Academic Qualifications: Start with the most recent first and list all qualifications obtained

Number	Name of Qualification	From	Year Obtained
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



Professional Experience:

Experience; Primary Specialty _____

Additional Experience _____ Teaching Experience _____

Detail of teaching experience;

Teaching Experience	Institution	Specialty	Start Date / Finish Date

Computer literacy (tick one)

- Excellent Very good Good Fair Poor

Proficiency in English language (tick one)

- Excellent Very good Good Fair Poor

Total Number of publications in peer reviewed journals (recognized by PMDC)

National [] International []

Do you have any contribution to the field of medical education in the past? (For example, any publications, conducted workshops etc.)



Workshops attended in field of medical education (including mandatory workshops of CPSP)

Please type a one page statement (20 to 25 lines maximum) stating the following:

Why do you want to join the programme?

How would you be able to make a difference through obtaining this qualification?

Check list:

- Application form fully filled;
- Photographs two:
- Degrees (attested copies)
- Certificates including workshops (attested copies)
- Statement

Declaration:

"I confirm that the information and supporting documents I have given are correct .I will abide by the rules of the Khyber Medical University.

Signature _____

Date_____

Statement Page

