

## R<sub>AWALPINDI</sub> M<sub>EDICAL</sub> U<sub>NIVERSITY</sub> $R_{AWALPINDI}$

# DIPLOPMA IN Health and Hospital MANAGEMENT (DHHM)

PROSPECTUS, MAY, 2025-26

Rawalpindi Medical University, Rawalpindi, Pakistan 2025

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## DIPLOMA IN HEALTH & HOSPITAL MANAGEMENT:

#### **Foreword**

Rawalpindi Medical University is one of the fastest growing Public Sector University. In order to improve and follow standard medical practices, enhancing patient care and satisfaction it is the need of the hour to work on the international hospital protocols. By introducing the specialist management in hospital administration, we will be able to work efficiently as per standardized benchmarking in hospital management. This will surely help us improving the patient care, reducing the medical errors, addressing & providing the safety culture and hence improving the patient & family's satisfaction. This diploma in Hospital Management is the first step in the right direction. Pakistan has one of the best-knit networks of health care facilities in public sector; and a very large private sector. The public sector facilities mostly, face the problems of underutilization and under functioning along with the technical inefficiency. This situation has been described in different donor reports and evaluations carried out by the Government of Pakistan. The management of private sector has also been considered inefficient and not very effective. Specific Management tools and techniques, such as strategic management, management by objectives, quality assurance methods, monitoring and evaluation of the health systems outputs and outcomes, and economic appraisal are not practiced in both public and the private sector. One of the primary reasons for all these issues is that most health managers lack expertise in Hospital Management. Insufficient management knowledge, inappropriate skills and lack of expertise in management, further undermine their capability to improve the health system. The way forward is the continuous education and training leading to the capacity building of the midlevel health managers and encouraging them to apply their knowledge in their respective settings. On the other hand, there is no well-developed and properly facilitated management training being offered in Pakistan which can fulfill the need of the health managers in public as well as private sector.

Dr. Farrah Pervaiz

MBBS, MPH, PHD FELLOW Program Director & Course Lead DHHM

## Words of the Vice Chancellor Prof. Muhammad Umar Chief Patron

This is my pleasure and pride to start a program from the Rawalpindi Medical University which will go a long way to bring meaningful changes and improvements in the patient care and quality improvement. It will not only improve the standards but also enhance capacity building of the skilled professionals to further play their role in addressing the health challenges in the developing countries like Pakistan.



This is my prayer and wish that the faculty we have chosen for this diploma in Hospital Management will put its best to train the candidates with best of their professional standards and commitment. I wish them best of luck.

#### **Program Director DHHM**

#### Dr. Farrah Pervaiz

I feel very proud to lead the very innovative program from the platform of Rawalpindi Medical University. As Program Director of the course, I will try to put the best of skills, professional standards and commitment to make it a great success in terms of bringing the meaningful changes at our workplaces.

Why Diploma in Hospital Management is Vital? The coordination and work of clinicians and managers has always been challenging because of the fact that they always work in their own spheres whereas they need to

work in collaboration. The managers never study the clinical areas and clinicians hardly ever spend some precious hours to understand the limitations of managers. By understanding the nature of work and collaboration, they will be able to align the goals of patient satisfaction and quality improvement. I wish this diploma will help to bridge the gap in a better way.

It is a great challenge to work in collaboration with different stakeholders, faculty members, coordinators and course candidates to make the plan a real success.

My wishes and prayers.

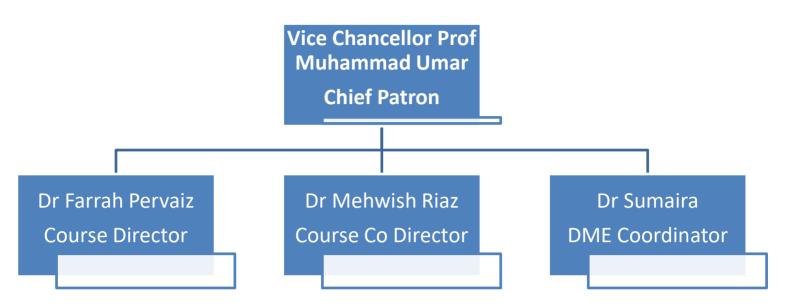
## Co Director DHHM Dr. Mehwish Riaz



Driven by a passion for serving others I am Deeply honored being nominated as a Co Director of this advanced program from the platform of Rawalpindi medical university. As a Co Director of the course, effort will be made on my end to lay the best of my competencies & professionalism and commitment to make the course a big success in terms of enabling participants to gain an in-depth knowledge of how the Healthcare System is organized in Pakistan along with a more detailed understanding of Hospitals.

Anyone planning to make the jump to a hospital manager position needs to learn the qualities required for success in the field. Immerse yourself in a health care-rich curriculum to gain finance, leadership and policy knowledge to take on clinical department, medical practice, or hospital administration roles. To run contemporary healthcare delivery organizations, review and analysis of management and organizational theories and principles will be offered in the course so that you can apply them to the internal and external dynamics of your organization. Create healthcare strategies, policies and plans, ensure health services continually improve, and empower physicians, nurses and other staff to work together as a team & be a leader by joining us in Rawalpindi Medical University's degree in diploma in sustainable Hospital Management.

#### **DHHM Organogram**



	(D	HHM)
1.	Prof. Shahzad Ali	Prof of Public Health and VC
	Khan	Health Services Academy
2.	Prof Naila Azam	Prof of Community Medicine
	MBBS,MCPS,FCPS	and Public Health, Foundation
		University
3.	Prof Humaira Mahmood	Prof of Public Health, Health
	MBBS,MPH,FCPS,PHD FELLOW	Services Academy
4.	Dr Khola Noreen	Assoc Prof of Community Medicine
	MPhil, MSPH	RMU
	(AKU),PHD FELLOW	
5.	Dr Sana Bilal	Assoc Prof of Community Medicine
	MBBS,FCPS	RMU
6.	Dr Rizwana Shahid	Asst Prof of Community Medicine
	MBBS,FCPS,MHPE	RMU
7.	Dr Afifa Kulsoom	Asst Prof of Community Medicine
	MBBS,FCPS	RMU
8.	Dr Farrah Pervaiz	Asst Prof of Community Medicine
	MBBS, MPH,PHD FELLOW	RMU
9.	Dr Mehwish Riaz (CM)	Asst Prof of Community Medicine
	MBBS,MPH,FCPS	RMU
10.	Dr Tariq Mehmood	Health Services Academy

### Planner of the DHHM course-2025-26

S. No	Date	Broad Topics	Faculty	
1	14-01-2025	Introduction & importance of Sustainable Hospital Systems	Prof Shahzad Ali	
2	25-02-2025	Overview of Health Systems in the world Strategic Management of Organizations	Dr. M Azeem Rao	
3	11-03-2025	Managing Human Resources in Health Care i. Performance Appraisal ii. Job Description	Dr. Sana Bilal	
4	06-05-2025	International methods of Evaluating Health Care Quality	Dr. Mehwish Riaz	
5	20-05-2025	Global Context of Quality Management	Prof Shahzad Ali	
6	03-06-2025	Coping Stressful Situations in Health Management	Dr. M Azeem Rao	
7	17-06-2025	Emergency Preparedness & Management	Prof Naila Azam	
8	08-07-2025	Hospital Waste Management and infection control	Prof Humaira Mahmood	
9	22-07-2025	Leadership & Management	Dr. Farrah Pervaiz	
10	05-08-2025	Health Technology Assessment	Dr. Afifa Kulsoom	
11	19-08-2025	Epidemiology in Health Care Settings	Prof Humaira Mahmood	
12	02-09-2025	Role of Communication Skills in Improving Health Care Performance	Dr. M Azeem Rao	
13	16-09-2025	Health Economics	Dr. Tariq Mahmood	
14	30-09-2023	Health Economics Budgeting & Financing	Dr. Tariq Mahmood	
15	14-10-2025	Quality Management & Assurance	Dr. Mehwish Riaz	
16	28-10-2025	Quality – Safety Culture	Dr. M Azeem Rao	
17	11-11-2025	New Public Management Learning	Dr. Dr. Khola Noreen	
18	25-11-2025	Techniques to Stay Professional to Improve Performance	Dr. M Azeem Rao	

### DIPLOMA IN HEALTH & HOSPITAL MANAGEMENT: AN INTRODUCTION

In order to improve and follow standard medical practices, enhancing patient care and satisfaction it is the need of the hour to work on the international hospital protocols. By introducing the specialist management in hospital administration, we will be able to work efficiently as per standardized benchmarking in hospital management. This will surely help us improving the patient care, reducing the medical errors, addressing & providing the safety culture and hence improving the patient & family's satisfaction. This diploma in Hospital Management is the first step in the right direction.

Pakistan has one of the best-knit networks of health care facilities in public sector; and a very large private sector. The public sector facilities mostly, face the problems of underutilization and under functioning along with the technical inefficiency. This situation has been described in different donor reports and evaluations carried out by the Government of Pakistan. The management of private sector has also been considered inefficient and not very effective. Specific Management tools and techniques, such as strategic management, management by objectives, quality assurance methods, monitoring and evaluation of the health systems outputs and outcomes, and economic appraisal are not practiced in both public and the private sector. One of the primary reasons for all these issues is that most health managers lack expertise in Hospital Management. Insufficient management knowledge, inappropriate skills and lack of expertise in management, further undermine their capability to improve the health system. The way forward is the continuous education and training leading to the capacity building of the midlevel health managers and encouraging them to apply their knowledge in their respective settings. On the other hand, there is no well-developed and properly facilitated management training being offered in Pakistan which can fulfill the need of the health managers in public as well as private sector.

## COMPETENCIES OF THE DIPLOMA IN Health & Hospital Management DHHM PROGRAM:-

The graduates of the DSHM program will be prepared to:

- Introducing & Practicing new protocols of Hospital Management
- Learning core concepts of Hospital Management Sciences.
- Understand management that encompasses the main aspects of problem-solving typically faced by health managers.
- Apply certain techniques in the resolution of selected management issues
- Addressing & promoting emotional aspects of the medical & paramedical staff.
- Describe basic methods of quantitative analysis being used by health managers.
- Demonstrate chain of management, communication and leadership skills.
- Define what quality means from the standpoint of the variety of stakeholders.
- Explain the relationship of effectiveness, efficiency, cost and quality.

After completion of the course, the participants will be able to:

- 1. Understanding the hospital & workers dynamics for quality improvement.
- 2. Addressing & promoting the culture of respect & dignity for patient care & family's satisfaction.
- 3. To address and manage hospitals with clear knowledge of essential concepts, principles, methods and terms in modern management;
- 4. To undertake various basic and advanced methods of hospital analysis.
- 5. To apply techniques in resolution of different types of management issues, develop plan, implement and evaluate approaches and interventions
- 6. Exhibit leadership and managerial skills at various levels.
- 7. Demonstrate effective (verbal and written) communication and advocacy skills (creativity and innovation) to diverse audiences.
- 8. Adopt a multidisciplinary approach in assessing, researching and responding to public health issues and needs.
- 9. Apply human right ethical principles in professional practices in hospital settings.
  In order to achieve these core competencies each course has been tailored with its learning objectives which further lead to enrichment of the course content.

#### 3. Courses for Semester I DSHM:

#### **DHHM: PRINCIPLES OF SUSTAINABLE HOSPITAL MANAGEMENT (3-CREDIT)**

Hospital System and its Role, Components of a Hospital System & Role of Hospitals in PHC; Vision, Mission, Goals and Values of a Hospital; Role and Functions of Hospital Managers; Hospital Services Management (Nursing Management, Change Management, Infrastructure Management); Inventory Management; Drugs Management in Hospitals; Human Resource Management; Financial Management (Accounting rules and practices in a public & Private Hospital, Hospital Financing for Sustainability, Cost Containment, cost effectiveness and profitability, Costing and Cost implications of Hospital Services); Rapid Appraisal Tool (Introduction and RAP Data collection tools); Preparing a Hospital Budget; Hospital Waste Management and infection control; Accident & Emergency /Trauma Management Services; Human Resource Management; Human Resource Development: current status and future challenges; Infrastructure Management (Hospital Planning and Design, Medical Audit of the Hospital); Total Quality Management key concepts and Introduction to basic tools; Procurement Processes; (Hospital Purchases, Tendering and Processing); Hospital Ethical Concerns

#### **RECOMMENDED BOOKS**

- 1. Sonu Goe. Anil K. (2014) Textbook of Hospital Administration, A problem solving approach. Elsevier Publishers
- 2. S.L. Goel, R. Kumar. (2002). Hospital Administration And Management. Deep & Deep Publications
- 3. A V Srinivasan. (2000) Managing A Modern Hospital. SAGE Publications,
- 4. McMahon, R., Barton, E., Piot, M., Gelina, N., Rose, F. (1992). On being in charge. Geneva: World Health Organization.
- 5. Preker, A.S., & Harding, A. (2003). *Innovations in Health Service Delivery: The Corporatization of Public Hospitals*: World Bank.

#### DHHM: MANAGING HUMAN RESOURCE IN HEALTH (3-CREDIT)

Introduction of human resources; Preparing HR plans at organizational level; Workforce planning Tools and Models; Development of work-plans; Use of software and techniques in workforce planning. Introduction to Performance Management; Theories and Processes of managing and mobilizing the health workforce; Management issues (recruitment, retention, staff development, performance issues and the difficult and sensitive skills of handling grievances and negotiations).

#### **RECOMMENDED BOOKS**

- 1. Fulton BD, Scheffler RM, Sparkes SP, Auh EY, Vujicic M, Soucat A. Health workforce skill mix and task shifting in low income countries: a review of recent evidence. (2011)
- 2. Models and tools for health workforce planning and projections. (2010) WHO
- 3. Task shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines. (2007) WHO
- 4. Team roles at work. Belbin RM, 2012
- 5. Improving health worker performance: in search of promising practices. WHO, 2006
- 6. Managing health services: Goodwin N, Gruen R, Iles V. 2005

#### **ADDITIONAL READINGS**

- 1. Buchan J, Ball J, O'May F. Determining skill mix in the health workforce: guidelines for managers and health professionals. (2000)
- 2. Workload indicators of staffing need (WISN): a manual for implementation: (1998). WHO Division of Human Resources Development and Capacity Building Geneva, Switzerland;

#### **DHHM: EFFECTIVE COMMUNICATION IN HOSPITALS (03 CREDITS)**

Communication and Hospital Management; Introduction of approaches and strategies in health communication with special reference to the patients and health staff; Behaviour change communication; Designing health communication programs; conflict management and resolutions; Awareness campaigns in hospitals;

#### RECOMMENDED BOOKS

- 1. Korda H, Itani Z. Harnessing Social Media for Health Promotion and Behavior Change. Health Promotion Practice 2011.
- 2. Health Behavior and Health Education: Theory, Research, and Practice 4th edition by Karen Glanz, Barbara K. Rimer and K. Viswanath (Editors), Wiley, 2008.
- 3. Aboud FE. Virtual special issue introduction: Health behaviour change. Social Science & Amp; Medicine 2010; 71(11):1897-1900.
- 4. Babalola S, Fatusi A, Anyanti J. Media saturation, communication exposure and HIV stigma in Nigeria. Social Science & Medicine 2009; 68(8):1513-1520.
- 5. Kreps GL, Maibach EW. Transdisciplinary Science: The Nexus Between Communication and Public Health. Journal of Communication 2008; 58(4):732-748.
- 6. Noar SM. A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here? Journal of Health Communication 2016; 11(1):21-42.

#### **DHHM: PRINCIPLES OF HOSPITAL PLANNING AND DESIGNS (3-CREDIT)**

Hospital Planning is the identification and elaboration (within existing resources) of means and methods for providing effective hospital services in the future, effective health care relevant to identified health needs for incoming and potential patients. This course will enable managers in hospital planning for the provision of services, which are, effective efficient and of good quality to ensure their appropriate utilization.

#### **RECOMMENDED BOOKS**

- 1. Richard L Miller, Earl S Swenson Hospital and Healthcare Facility Design. W. W. Norton & Company. ISBN-13: 9780393733099
- 2. Cynthia McCullough (Editor) Evidence-Based Design for Healthcare Facilities. 2009, SIGMA Theta Tau International, Center for Nursing Press. ISBN-13: 9781930538771
- 3. Guidelines for Design and Construction of Hospitals and Outpatient Facilities 2014, by Facility Guidelines Institute, American Hospital Association. ISBN-13: 9780872589353

#### DHHM: MEDICAL RECORDS AND HOSPITAL INVENTORY MANAGEMENT

Introduction to health information systems, medical records and IT systems for computerized hospital records. Supply Chain Management and logistics for health commodities; Importance of supply chain management; Supply Chain Ecosystems; Supply Chain Design; Supply Chain Risk Management; Quality assurance in supply chain management

#### **RECOMMENDED BOOKS**

- 1. John F. Kros. (2012). Health Care Operations and Supply Chain Management: Strategy, Operations, Planning, and Control.
- 2. Eugene S. Schneller Larry R. Smeltzer, Lawton Robert Burns. (2006). Strategic Management of the Health Care Supply Chain 1st Edition

#### **ADDITIONAL READINGS**

- 1. PATH 2009. Procurement Capacity Toolkit. Tools and Resources for Procurement of Health Supplies (version 2). Seattle: PATH.
- 2. Guidelines for the Storage of Essential Medicines and Other Health Commodities. 2003. John Snow. Inc. / DELIVER for the U.S. Agency for the International Development
- 3. Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities. Second Edition. USAID | DELIVER PROJECT, Task Order 1.
- 4. Quantification of Health Commodities: A Guide to Forecasting and Supply Planning for Procurement. Arlington, Va.: USAID | DELIVER PROJECT Task Order 1.

#### RESEARCH PROJECT/ DISSERTATION (6-CREDIT)

By completing their project DSHM students are able to demonstrate their understanding of core competencies through successful application of core knowledge and principles, critical thinking and analytic reasoning skills. The student is advised to select a topic for research consistent with his/her professional requirements during the first semester. The proposal formulated has to be critically appraised by the Academic Committee of RMU and simultaneously the Institutional Research Board (IRB) at end of the 2nd semester which is before the student is allowed to start with the data collection. The committee can suggest changes which will be communicated to the student at the time of critical appraisal. The students will carry out data collection, data analysis, interpretation and presentation of the results leading to conclusions from the study under the dissertation writing guidelines during the third semester. The primary educational objective of the dissertation is to demonstrate appropriate consideration and application of core concepts, skills, and knowledge in analyzing a public health problem within any of the proscribed frameworks. The core area competencies must be addressed in each project. These competency areas cut across the domains identified for each specific framework. For example, quantitative competence may be demonstrated in the literature review and/or methodology section and/or results and/or discussion section of a publication framework. All papers are required to demonstrate minimum competence but are held accountable to a level of competence consistent with the problem and framework as defined by the student.

#### **DHHM: ON THE JOB PRACTICUM (6-CREDIT)**

Public health focuses on monitoring, achieving and improving the health of a population and is practiced in a variety of settings. The public health professional applies knowledge and skill from the core content areas of public health (biostatistics, epidemiology, environmental health, health services management, and social and behavioural sciences) to design, manage and evaluate solutions to public health problems. Using the practicum (on-the-job assignment) as the "organizational laboratory," the Diploma in Health and Hospital Management (DSHM) student begins to develop necessary skill sets for becoming a successful hospital management professional. The practicum is intended to develop direct understanding and experience in hospitals, thereby exposing the student to organizational cultures, management systems, operations and resources, programs and services and target populations. Such knowledge, skills, abilities, and experiences will continue to develop and grow as each student graduates and becomes a life-long learner and practitioner of public health. The goal of the practicum is to provide a structured and supervised opportunity for the student to apply the theories, principles, knowledge and skills of public health and hospital management, as learned in the classroom, in a practice setting. The practice experience occurs in a carefully selected health services organisation approved by the Program Coordinator and is supervised by RMU faculty and an immediate supervisor/mentor. This takes into account the transition from education to professional practice. At the conclusion the students are required to present their project as a poster presentation.

#### 7. METHOD OF ASSESSMENT/EXAMINATION, PROCEDURES AND RULES

Students will be evaluated during each course on the basis of;

- Formative assessment which is a mix of the tests, end of course examination, class and home
  assignments, class participation, interactive discussions, practical exercises, field works
  and/or group works, end of course examination, depending on the course outline (ongoing
  assessment)
- Summative assessment based on the end of semester examination papers. Summative assessments are held at end of semesters and comprises of semester examinations paper each.

Activities	Marks Break up		
Log- Book	10%		
Formative assessment	30%		
End of each module assessments & grading (Department based)			
Summative assessment	60%- Compulsory		
•End of semester university exa	m		
(Controller of examination RMU			
•DME RMU			

#### **CHR Comprehensive Assessment Markers**

(Requirements for successful completion of the course)

a.Log book (10%)	(Max Total Marks=100)		b. Internal Assessment (30%)			Remarks		
	SEQs+ EMQs (50+10)	MCQs (20)	OSCE*	Punctuality (5)	y Active participation (5)	Assignment credit (2 per semester) (7.5+7.5=15	(5)	Total Max marks= 120
	Max Marks 80 (total)		Max Marks 20			ax ks 20		Passing marks= 72 in total out of 120

- a. Log book: Regular monitoring of log book will be done by faculty member of respective department and student will be signed off on regular basis
- b. **Exit Exam:** Comprise 5 SEQs Questions each carrying ten max marks, two EMQs each carrying five max marks and twenty MCQs carrying twenty marks in total.
- c. Internal assessment:

It will be awarded under four components

- Punctuality: Regularly attending all the sessions scheduled by the faculty will be considered as mandatory. Attendance record will be maintained and monitored strictly. Missing a session without prior written permission will be graded as absent. 80% attendance will be considered as mandatory eligibility requirement to appear in exit exam.
- Active-participation: it includes raising logical & relevant queries which make facilitator to disclose more knowledge and the discussion add up understanding of all the participants. Credit will be awarded by the nominated faculty / teaching faculty. Active participation throughout the course is a compulsory requirement. A deficiency if any, will have to cover as decided by MHR Core team / Academic Board.
- 3. <u>Assignments credit</u>: Credit will be awarded by the concerned Faculty according to student's performance in the assigned work. Credit will be awarded by the concerned CHR faculty. Its record will be maintained. Assignment credit will be awarded as part of continuous assessment.

4. <u>Discipline:</u> harmonious attitude &behavior of the student with the MHR teaching faculty, staff and other course mates. Observance of classroom and other learning ethics will be considered accordingly. Credit will be awarded by the concerned faculty. In any discredit will be documented under evidence.

#### 8. STUDENT RECRUITMENT AND ADMISSIONS

Rawalpindi Medical University abides by its strict merit-based criteria with absolute transparency to select its students for the DSHM program.

#### **ELIGIBILITY CRITERIA**

#### **BASIC QUALIFICATIONS**

The candidate should possess one of the following qualifications or an equivalent degree from a recognized university or accrediting body.

- MBBS (Bachelor of Medicine & Bachelor of Surgery)
   BDS (Bachelor of Dental Surgery)
- B. Pharmacy (Bachelor's in Pharmacy)/ D. Pharmacy (Doctor of Pharmacy) or M. Pharmacy (Master's in Pharmacy)
- Master's Degree in a relevant subject such as Anthropology, Business Administration, Economics, Human Nutrition, Microbiology, Physiology, Psychology, Public Health Engineering, Sociology, Statistics and Zoology

#### **WORK EXPERIENCE**

The candidate should preferably have one year of full-time work experience (in the case of medical doctors, after the house job) in public health-related fields in either the private sector or the public sector, including the armed forces.

#### **AGE LIMIT**

There is no Age-limit restrictions for admission in this Program.

#### **DHHM ADMISSIONS**

RMU has its own Admissions Committee, comprising of Program Coordinator, the Registrar, a Senior Faculty Member, and one nominated alumnus/alumna. The Admissions Committee has the responsibility for the selection of applicants to be admitted to the Program. It establishes procedures for the timely review of applications to the Program. Deferrals of admission are at the discretion of the Admissions Committee. The selected candidates from the Admissions Committee will be exempted from any test or interview.

#### **FINAL SELECTION**

The applicant's acceptance is contingent upon the receipt of all required documents including official transcripts. The Admissions Committee is responsible for identifying those students with missing documents and/or credentials which do not meet eligibility standards.

Participant fee: Rs.60, 000/-

#### Address:

Rawalpindi Medical University, Rawalpindi.