

APPLICATION FORM Masters in Health Professions Education (2025)

Please Paste Photograph here attested from back side (3x3cm) with Blue Background

Photograph

	Nam	le:		S	/D:				Photograph
	Ema	il:		W	hatsApp Co	ontact # _			
	Date	of Birth.			CNIC:				
	Age:	Gender	- Male 🔲	Female	Domicile	e:			
	Tem	porary Address	:	11		14			
	Pern	nanentAddress:							
	<u>Curi</u>	rent Working D	etails:						
1.	Posit	tion Held:			2.Institu	ition:			
3.	Expe	erience Total Ye	ar After Hous	e Job:			-		
4.	PMC	C Reg. No		Date of	Expiry:				
5.	Banl	<mark>k Draft</mark> Check N	lo:	Bank D	raft Amoun	t: Rs			
6.	Banl	k Draft Date:							
	D								
Г	Prof	essional Qualific	cations:						Designation
	Sr.#	Qualification	College / University	Year of Passing	Obtained Marks	T <mark>otal</mark> Marks	Marks %	Experience Year	Current Working Institution
	1.	Matric/ A Level						1	
	2.	FSC/ O Level				-	1		
	3.	MBBS	UN.						
_	<u>Obje</u>	ectives for Enrol	lment in this P					115	5
	Sı	r.#		4 M F					

Sr.#	
1	
2	
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4	

Signature of Candidate:_____

Date: ____/2025

CHECKLIST FOR APPLICATION:

- **1.** Attested Copy of CNIC.
- **2.** Six Passport Size Photographs with Blue Background All Picture Back Attested and stick to gum

- 3. No Picture Stapled
- 4. Attested Matric/A Level degree.
- 5. Attested F.sc/O Level Degree.
- 6. Attested MBBS Degree/Transcript.
- 7. Attested Domicile.
- 8. Attested Experience Letter if any.
- 9. Attested Valid PMC Certificate.
- 10. Application Fee Rs. 3000/- (bank draft in favor of Vice Chancellor, RMU).

ED

- **11.** Both the blocks of the admit card are to be filled with signature.
- **12.** The application is duly signed, and all columns are filled.



Rawalpindi Medical University, Rawalpindi

Roll. No._____ Office use only

ADMITTANCE CARD (FOR CANDIDATE)

Examination: Entrance Test For MHPE

Name:_____

Father Name: _____

Name of Current Work Institution:

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Controller of Examination

Note: Cell/ Mobile Phones, palm tops, minicomputer, and any other electronic equipment likely to help the candidates are completely prohibited in the Examination Centre's. Moreover Cell/Mobile Phones shall not be collected by the Centre superintendent or university administration at examination Centre.

	1. No ffice use only	
ADMITTANCE CARD (FOR SUPERINTENDENT) Examination: Entrance Test For MHPE Name: Father Name:	-	
Examination: Entrance Test For MHPE Name: Father Name:		
Name:Father Name:		
Father Name:		
Name of Current Work Institution:	Please Paste Photograph	
	here attested from back	
	side (3x3cm) with Blue	
Subject / Specialty in which to be Examined:	Background	
Masters in Health Professions Education		

Controller of Examination

Note: Cell/ Mobile Phones, palm tops, minicomputer, and any other electronic equipment likely to help the candidates are completely prohibited in the Examination Centre's. Moreover Cell/Mobile Phones shall not be collected by the Centre superintendent or university administration at examination Centre.

Signature of the Candidate