



APPLICATION FORM
Certificate in Health Professions Education



Photograph

Name: _____ S/D: _____

CNIC No.

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Age:- ____ Gender:- Male ☐ Female ☐ Date of Birth.

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Email: - _____ Contact # _____

Temporary Address:

Permanent Address:

Current Working Details

1. Position Held: _____
2. Institution: _____
3. Experience: _____

PMC Reg. No. _____ Date of Expiry:- _____

Professional Qualifications

Sr.#	Qualification	College / University	Year of Passing	Obtained Marks	Total Marks	Marks %	Experience Year
1.	Matric/ A Level						
2.	FSC/ O Level						
3.	MBBS						

Objectives for Enrollment in this Program

Sr.#	
1	
2	
3	
4	
5	

Signature of Candidate

Date: ____/____/2025

CHECKLIST FOR APPLICATION:

S. No	Detailed	Yes/ No
1.	Attested Copy of CNIC.	
2.	Four Passport Size Photographs with Blue Background all Picture Back Attested..	
3.	Attested Matric/A Level degree.	
4.	Attested F.sc/O Level Degree.	
5.	Attested MBBS Degree/Transcript.	
6.	Attested Domicile.	
7.	Attested Experience Letter if any.	
8.	Attested Valid PMC Certificate.	
9.	Application Fee (bank draft in the favor of Vice Chancellor, RMU).	
10.	Application is duly signed and all columns are filled.	
11.	The Last Page Admit Card Must be Filled and the image not be stapled, but paste it.	