

C-HPE COURSE



Directorate of Medical Education

SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY LARKANA



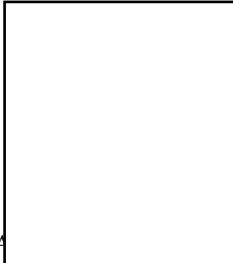
Email: director .dme@smbbm.u.edu.pk

Tel # 074- 9410988

Application Fees Rs. 1500/-

Title: CERTIFICATE IN HEALTH PROFESSIONS EDUCATION (C-HPE) COURSE

INSTITUTION: SMBB Medical University Larkana



I have paid Rs. .... (Rupees ....) as Application fees
Bank Draft No/Deposition/Transection No. .... Dated: .....
In favor of Department of Medical Education SMBBMU0001071455881000) SINDH BANK LARKANA

To
The Director
Medical Education
SMBBMU Larkana

Sir/Madam
I request permission to present myself at the ensuing C-HPE Course at SMBBMU Larkana

PERSONAL DETAILS

Name
S/o D/o W/o
Surname

Computerized National Identity Card. (CNIC) [Grid]

In- Service / Private candidate [ ] Employing authority [ ]

In Case of Foreigners: Passport No. [ ] Date of Issue: [ ]

Gender [ ] Male [ ] Female [ ] Nationality [ ]

Postal Address [ ]

Email: [ ] Mobile # [ ]

Table with 5 columns: Examination Passed, Seat No, Year, Name of Institution, Name of University. Rows include MBBS/BDS/DPT/BSN/D-Pharm.DVM and Other Qualifications.

Yours Sincerely,

Date: .....

Signature.....

Name:

PTO

### **IMPORTANT INSTRUCTIONS FOR FILLING UP THE C-HPE COURSE FORM**

1. Application Form can be downloaded from website: [www.smbbmu.edu.pk](http://www.smbbmu.edu.pk) or can be obtained from office of Director Medical Education SMBBMU Larkana.
2. The form will be rejected if the entries regarding full name and other items of information are not clearly mentioned in the form.
3. Form submitted after the due date will not be accepted.
4. All entries in the form should be made in BLOCK LETTERS.
5. Form should be thoroughly checked before it is submitted to the Directorate of Medical Education Shaheed Mohtarma Benazir Bhutto Medical University Larkana.
6. The candidate is required to attach following documents with this form (duly attested photocopies).
7. Account Title: **Department of Medical Education SMBBMU Larkana** Account No:(**0001071455881000**) **SINDH BANK LARKANA.**
8. Following Documents are required:
  - a. **MBBS/BDS/DPT/BSN/D-Pharmacy**
  - b. **Valid Registration Certificates**
  - c. **Proof of valid faculty appointment,**
  - d. **Three fresh passport size photographs.**
  - e. **Copy of CNIC**
  - f. **Original copy of bank draft of authorized bank (non-refundable).**
  - g. **Any other additional degree/ diploma.**
  - h. **No Objection Certificate (NOC)**