

C-HPE COURSE



Directorate of Medical Education

SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL UNIVERSITY LARKANA



Email: director .dme@smbbmdu.edu.pk

Tel # 074- 4051331

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 Deposit slip No..... Dated:

(Deposit slip/Online Mobile Banking in favor of Department of Medical Education SMBBMU)

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)

In- Service / Private candidate Employing authority

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

Gender Male Female Nationality

Postal Address

Email: Mobile #

Examination Passed	Seat No	Year	Name of Institution	Name of University
MBBS/BDS/DPT/BSN/D-Pharmacy
.....
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 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**
8. Account No: **(0001071455881000)**
 - 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 deposit slip (non-refundable).**
 - g. **Any other additional degree/ diploma.**
 - h. **No Objection Certificate (NOC)**

TO

**Mohsin Shahwani Law Associates Building
NO 31-C,2nd Floor ,Al- Murtaza Commercial
Lene 2.Phase 8 DHA Karachi**

From

**Dircetor Medical Education SMBB
Medical University Larkana @CMC**

Adv Aamir Ali Bhutto