

C-HPE COURSE



# Directorate of Medical Education

## SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL UNIVERSITY LARKANA



Email: director .dme@smbbmdu.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 Deposit slip No..... Dated: .....

Department of Medical Education SMBBMU Larkana Account No:(0001071455881000) 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)

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

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Other Qualifications

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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.smbbm.edu.pk](http://www.smbbm.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).
  - a. **Application fee Rs. 1500/= deposited in the account title: Department of Medical Education SMBBMU Larkana Account No:(0001071455881000) Sindh Bank Larkana.**
  - b. **MBBS/BDS/DPT/BSN/D-Pharmacy**
  - c. **Valid Registration Certificates**
  - d. **Proof of valid faculty appointment,**
  - e. **Three fresh passport size photographs.**
  - f. **Copy of CNIC**
  - g. **Original copy of bank draft of authorized bank (non-refundable).**
  - h. **Any other additional degree/ diploma.**
  - i. **No Objection Certificate (NOC)**