



**Khyber Medical University, Peshawar**  
**Institute of Health Professions Education & Research**



**Form. No. \_\_\_\_\_ (Office Use Only)**  
**Application Form for Admission**  
**Diploma in Health Professions Education**  
**(Session Spring 2024)**

Paste a  
passport size  
picture here

**Preference:**  Face to Face  Online

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Domicile: \_\_\_\_\_

CNIC No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Cell #1 (WhatsApp): \_\_\_\_\_ Cell #2 (if any) : \_\_\_\_\_

Email ID (In capital letters): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Application Processing Fee: Rs 3000/- Submitted on (date): \_\_\_\_\_

**Educational Record:**

Certificate/ Degree	Name of Board/ University	Year of passing	Marks or CGPA Obtained	Total Marks	% age
Matriculation					
Intermediate					
Bachelors					
Masters					
CHPE					
<b>Any other</b>					

**Employment Record:**

Designation	Job Description (Teaching / Research /Admin)	Name of Institution	Period From - To

