



# Kabir Institute of Public Health

Canal Road University Town, Peshawar Pakistan  
Tel: (091) 5844429-32 Fax: (091) 5844428  
www.gandhara.edu.pk

## Master in Public Health (MPH) Programme Application for the Academic Year 2010 -2011

Please type or print in black ink, and mail your completed application to Kabir Institute of Public Health.

### A: PERSONAL INFORMATION

FULL NAME: MS/MRS/MR/DR, \_\_\_\_\_  
(as on Matriculation certificate)

FATHER'S NAME: \_\_\_\_\_

SEX: Male  Female  Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CINC No. 

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(Passport No for Foreign Students)

DOMICILE (PROVINCE): \_\_\_\_\_ Nationality: \_\_\_\_\_

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

\_\_\_\_\_

Phone No. \_\_\_\_\_ (with area code) Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ (with area code) Mobile: \_\_\_\_\_

Office No. \_\_\_\_\_ (with area code) Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

## B: Qualification Experience

### ACADEMIC QUALIFICATIONS

List all the colleges and universities attended in reverse chronological order. Begin with the most recent university.

NAME OF INSTITUTION	PLACE, COUNTRY	DATES ATTENDED		DEGREE RECEIVED	MARKS OBTAINED	TOTAL MARKS
		From	To			

### PROFESSIONAL EXPERIENCE

Please describe briefly the nature of your work and responsibilities. List most recent employment first.

NAME OF INSTITUTION	MAJOR RESPONSIBILITIES AND ACTIVITIES	Position	DATES Employed	
			From	To

**ADDITIONAL SKILLS**

Please note that the following questions are NOT part of our selection criteria for the first phase of short-listing; however please note that **KIPH** will be testing these skills in its own screening exam and interviews after the first phase is complete.

**ENGLISH LANGUAGE SKILLS**

How do you rate your English language skills?

	Poor	Fair	Good	Excellent
SPEAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPUTER SKILLS**

How do you rate your computer skills?

	Poor	Fair	Good	Excellent
MICROSOFT WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANY OTHER SOFTWARE (SPECIFY):

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.....

**SIGNATURE FORM**

If you are offered admission into the MPH Programme, how do you plan to pay for it?

EMPLOYER:..... SELF:..... OTHER(SPECIFY): .....

I affirm that the information on this application form, and any additional material that I submit is complete and accurate to the best of my knowledge. I understand that furnishing false or incomplete information may be cause for denial of admission, cancellation of registration, or revocation of degree.

APPLICANT'S SIGNATURE: ..... DATE: .....



## ADDITIONAL SKILLS

Outline your reasons for your interest in the MPH programme, and your plans for the future. Please do not exceed the space provided below.

## DOCUMENTS REQUIRED

▶ Matric Certificate.	02 Copies
▶ F.Sc. (Pre-Medical) Certificate / DMC	02 Copies
▶ MBBS /BDS Degree.	02 Copies
▶ DMC's of Professional (MBBS / BDS) Examinations.	02 Copies
▶ PMDC Valid Registration Certificate.	02 Copies
▶ House Job Completion Certificate.	02 Copies
▶ CNIC (Computerized National Identity Card).	02 Copies
▶ Passport Size Photographs (Colored)	05 Copies