



Department of Public Health

University of Health Sciences, Lahore

COURSE / WORKSHOP APPLICATION FORM

Please use CAPITAL LETTERS or TYPE and return this form to:

Email: imranhameed@uhs.edu.pk

Postal Address: Department of Public Health, University of Health Sciences, Khayaban-e-Jamia Punjab, Lahore-54600, Punjab, Pakistan

Telephone # +92 (42)-99231304-09; +92 322 7171089

Scanned copy (for e-form) / Clip or staple one photograph, this size (do not glue).

COURSE / WORKSHOP TITLE: _____

1. APPLICANT DETAILS

FAMILY NAME (SURNAME) FIRST NAME(S) NATIONALITY MALE OR FEMALE

DATE OF BIRTH: DAY/MONTH/YEAR COUNTRY AND PLACE OF BIRTH MARITAL STATUS

INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

CITY COUNTRY POSTAL CODE

OFFICE TELEPHONE (+ area code) HOME TELEPHONE (+ area code) FAX (+ area code) E-MAIL

MAILING ADDRESS (if different from above)

2. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS

FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)

B. RELEVANT PROFESSIONAL COURSES

3. PUBLICATIONS AND RESEARCH

List your significant publications (title, publisher & date) and/or research projects

4. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Spoken						Understanding					Written				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
English															

5. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION _____ FROM (DATE) _____

INSTITUTION, ORGANIZATION OR COMPANY _____

Describe your current responsibilities and professional activities

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

6. PERSONAL STATEMENT

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development and your institution

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7. OFFICIAL ENDORSEMENT

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

endorses the application of the candidate: [NAME.....]

Will the candidate's present position still be available to him/her after the course is over? YES NO

SIGNATURE OF PERSON ENDORSING APPLICATION DATE STAMP OF INSTITUTION

8. CANDIDATE'S STATEMENT

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed course. I also declare that I will be returning to my country and / current employer, on completion of the course.

CANDIDATE'S SIGNATURE DATE

9. ADDITIONAL INFORMATION

List details regarding food allergies, intolerances and any food preferences

1. DO YOU HAVE ANY FOOD ALLERGIES?

2. DO YOU HAVE ANY FOOD INTOLERANCES?

3. DO YOU HAVE ANY FOOD PREFERENCE?

10. OTHER REQUEST

