

Form No. _____



Photo

Admission Form
“Certificate in Family Medicine”
Spring/Summer 2021
Health Services Academy
Degree Awarding Institute

PM Health Complex, Park Road, Chak Shahzad, Islamabad

Tel: 051-9255590-4; Fax: 051-9255591, <http://www.hsa.edu.pk/>

Please type or print in **black Ink** and Email your complete application to the Health Services Academy.

Bank Draft No. _____ Dated _____

Amount Rs. _____

Name of Branch. _____

SECTION 1: PERSONAL INFORMATION

1. FULL NAME: MS./MRS./MR./DR.

(As on Last Degree)

2. FATHER'S NAME:

3. MALE FEMALE DATE OF BIRTH: ____ / ____
(As on Matriculation certificate)

4. NIC NO.

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DOMICILE (PROVINCE): _____

PERMANENT ADDRESS:

PHONE NO: _____

MOBILE: _____

POSTAL ADDRESS:

PHONE NO: _____

MOBILE: _____

OFFICE NO: _____

FAX NO: _____

EMAIL:

SECTION 2: 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 HSA *will* be testing these skills in its own screening exam and interviews after the initial shortlisting is complete.

ENGLISH LANGUAGE SKILLS

How do you rate your English language skills?

	POOR	FAIR	GOOD	EXCELLENT
SPEAKING				
WRITING				

COMPUTER SKILLS

How do you rate your computer skills?

	POOR	FAIR	GOOD	EXCELLENT
MICROSOFT WORD				
MICROSOFT POWER POINT				
MICROSOFT EXCEL				
SPSS				

ANY

OTHER

SOFTWARE

(SPECIFY):

Current Employment: Government/ Private/ If Others Specify _____

SECTION 3: QUALIFICATIONS AND 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 NAME	PASSING YEAR	MARKS OBTAINED	TOTAL MARKS
		To	From				

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	
			TO	FROM

TOTAL EXPERIENCE: **YEARS** **MONTHS**

SECTION 4: STATEMENT OF PURPOSE

Outline your reasons for your interest in the course, and your plans for the future. Describe the kind of training you expect to undertake and explain how your study plan fits in with your previous training and your future goals. Mention how relevant experiences, such as your clinical experience which will aid you in achieving your study objectives. Please do not exceed the space provided below.

SECTION 5: SIGNATURE FORM

If you are offered admission to the certificate of Family Medicine, how do you plan to pay for it?

Employer: _____ **Self:** _____ **Scholarship:** _____

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: _____

Dear Applicant,

You are requested to please submit all required documents for admission in to the office of the “Registrar, Health Services Academy, PM Health Complex, Park Road, Chak Shahzad, Islamabad” specifying Family Medicine on the envelope. Use this check list form and submit along with your document.

S. No	Item Required	Attached YES/NO
1	Complete Admission Form	
2	Bank Draft of 2000/= in favor of Health Services Academy	
3	Passport Size Photos (04)	
4	CNIC (2 Copies)	
5	Domicile (2 Copies)	
6	Attested copies of Matric Degree & Detailed Marks Sheet (2 Copies)	
7	Attested copies of FA/FSc Degree & Detailed Marks Sheet (2 Copies)	
8	Attested copies of MBBS Degree & Transcript (2 Copies)	
10	Attested copies of Registration from PMC (2 Copies)	
11	Attested copies of Experience certificate from the health facility/clinic (2 Copies)	
11	One Page CV (02 Copies)	

Please bring original documents at the time of interview.