



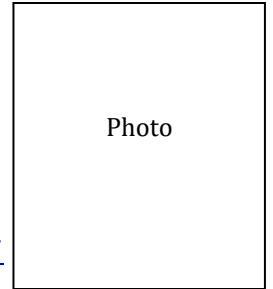
Reg. No. _____

Form No. _____

ADMISSION FORM
MSPH Program Academic Year 2021

Health Services Academy
Degree Awarding Institute

PM Health Complex, Park Road, Chak Shahzad, Islamabad
Tel: 051-9255590-4, Ext: 106; Fax: 051-8314387, <http://www.hsa.edu.pk/>



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

1. **Bank Draft No.** _____ **Dated** _____ **Amount Rs.** _____

Name of Branch. _____

2. **PROVINCES CODE (PLEASE ENCIRCLE)**

01.	ISLAMABAD	02.	PUNJAB	03.	KHYBER-PAKHTUNKHWA & FATA MERGED DISTRICT
04.	SINDH (RURAL)	05.	SINDH (URBAN)	06.	BALUCHISTAN
07.	AZAD JAMMU & KASHMIR	08.	GILGIT BALTISTAN		

3. **Preferred Test Center**

ISLAMABAD LAHORE KARACHI PESHAWER QUETTA

SECTION 1: PERSONAL INFORMATION

4. **FULL NAME: MS./MRS./MR./DR.** _____
(As on Last Degree)

5. **FATHER'S NAME:** _____

6. **SEX:** MALE FEMALE **DATE OF BIRTH:** ____/____/_____
(As on Matriculation certificate)

7. **NIC NO.**

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(Passport No for foreign Students)

DOMICILE (PROVINCE): _____ NATIONALITY: _____

PERMANENT ADDRESS: _____

PHONE NO: _____ MOBILE: _____

POSTAL ADDRESS: _____

PHONE NO: _____ MOBILE: _____

OFFICE NO: _____ FAX NO: _____

EMAIL: _____

8. 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 _____

9. 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 IN PUBLIC HEALTH: YEARS MONTHS

10. 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 research in the field of public health, 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 MSPH Course, 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: _____

Dear Applicant,

You are requested to please submit all required attested documents for admission in Health Services Academy for any advertised Program. 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	
5	Domicile	
6	Matric Degree & Detailed Marks Sheet	
7	FA/FSc Degree & Detailed Marks Sheet	
8	BA/BSc/MBBS/BDS/ Degree & Transcript	
9	Master's Degree & Transcript	
10	PM&DC or PNC or Pharmacy or other relevant accreditation body	
11	One Page CV	