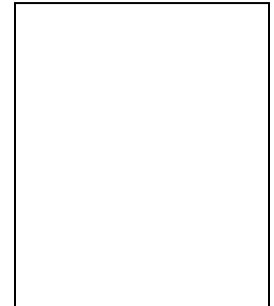




AL SHIFA TRUST EYE HOSPITAL
JHELUM ROAD, RAWALPINDI
WHO COLLABORATING CENTRE

Form No. _____

Photograph



APPLICATION FORM

MSPH Programme

Department of Public Health

Pakistan Institute of Ophthalmology, Al Shifa Trust Eye Hospital, Jhelum Road, Rawalpindi

Tel: 051-5487821-24; <http://www.alshifaeye.org/>

SEMESTER SPRING

For the Academic Year 2014-15

1. SECTION 1: PERSONAL INFORMATION

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

(As on Matriculation certificate)

FATHER'S NAME:

SEX: MALE ☐ FEMALE ☐ DATE OF BIRTH: ____ / ____ / ____

(As on Matriculation certificate)

National Identity Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Passport No for foreign Students)

DOMICILE (PROVINCE): _____ NATIONALITY: _____

PERMANENT ADDRESS:

PHONE NO: _____ MOBILE: _____

(with area code)

POSTAL ADDRESS:

PHONE NO: _____ MOBILE: _____

(with area code)

OFFICE NO: _____ FAX NO: _____

(with area code)

(with area code)

EMAIL:

2. 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 the Department of Public Health will be interested to know about these skills in the interviews after the first phase is complete.

ENGLISH LANGUAGE SKILLS

How do you rate your English language skills?

	POOR	FAIR	GOOD	EXCELLENT
SPEAKING				
WRITING				

How do you rate your computer skills?

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

ANY OTHER SOFTWARE (SPECIFY)

3. 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
		FROM	TO				

PROFESSIONAL EXPERIENCE

Please describe briefly the nature of your work and responsibilities (*for last five years*). List most recent employment first.

NAME OF INSTITUTION	MAJOR RESPONSIBILITIES AND ACTIVITIES	POSITION	DATES EMPLOYED	
			FROM	TO

TOTAL EXPERIENCE IN PUBLIC HEALTH: YEARS

MONTHS

Please list any research publications

4. SECTION 4: STATEMENT OF PURPOSE

Outline your reasons for your interest in the Post-graduate degree course (MSPH), 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): _____

PAYMENT SCHEDULE

LUMP SUM _____ SEMESTER WISE _____

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: _____

NOTE: All applicants are required to send:

- 1. Completed application typed or printed in black ink**
- 2. Two complete set of all documents (Degrees, Domicile, ID Card, 3 passport size photos)**
- 3. Application processing fee of Rs. 2,000/- (non- refundable) in the form of pay order or bank draft made to "Al Shifa Trust Eye Hospital, Rawalpindi"**

Duly submitted through TCS/Courier services at the address given below:

MSPH Programme,
Department of Public Health,
Pakistan Institute of Ophthalmology,
Al Shifa Trust Eye Hospital
Jhelum Road, Rawalpindi