



Clinical Trials Unit

DOW UNIVERSITY OF HEALTH SCIENCES

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Application form for Clinical Research Certified Professional (CRCP) Course

Personal Information

Please fill in **BLOCK** letters

Name of Applicant: _____

S/o, D/o , W/o: _____

Date of Birth: _____ City: _____

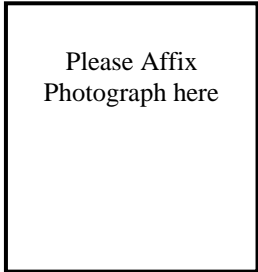
Address: _____

Tel No (Residential): _____

Cell No: _____

Email Address: _____

C.N.I.C #: _____



YOUR EDUCATION HISTORY

Academic Record	Name & Place of Institute	Passing Year	Marks Obtained	% / Div
Matric / O level / Equivalent				
Inter Science / A level / Equivalent				
Graduation Degree Name: _____				
Postgraduate Degree Name: _____				
Others Degree Name: _____				

EXPERIENCE

Company / Institute Name	Position / Designation	Duration	Total Experience
1.			
2.			
3.			
4.			



DUHS RULES AND REGULATIONS

- Mandatory requirement to appear in final examination.
 - 80% Attendance
 - Submission of all assignments

UNDERTAKING

This is to certify that all information given by me is correct and that I will abide the Rules and Regulations, failing to which management have reserved the rights to cancel my admission any time.

Dated: _____

Applicant's Signature

DOCUMENTATION REQUIRED

1. Attach two attested copies of following documents:
 - i) C.N.I.C
 - ii) Complete Academic Certificates
 - iii) Experience Certificates
 - iv) Updated Curriculum Vitae.
 - v) Pay order
2. Three (03) Snaps.
3. **One photocopy of duly filled application form.**
4. Pay order (from Karachi) or Bank Draft (outside Karachi) of **500/-** rupees in favour of **CTU-DUHS-KARACHI**. (*Processing fee non-refundable*)

Bank Name: _____

Draft / Pay order #: _____ Date: _____

5. **How did you get to know about this course?** Please tick the appropriate source of your information. **Please tick on the option / options.**

- | | | | |
|-------------------------------|------|-----------------------|------------------|
| a) Newspaper. Jang | Dawn | b) DUHS Website | c) Events update |
| d) Old student of CRCP Course | | e) CRCP course poster | f) Facebook |
| g) Any other..... Specify. | | | |