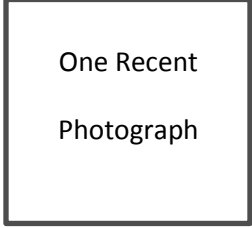


Dow University of Health Sciences Application Form for Diploma Programs

Applied for Diploma in:

- Hospital Services Management
- Healthcare Management
- Quality Assurance in Healthcare
- Pharmaceutical Marketing & Branding



| | | | |
|---|-----------------------------------|---------------------------------|----------------------|
| Name (block letters) | | | |
| Fathers Name | | | |
| National Identity Card No. | | | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth: |
| Home Address : | | | |
| | | | |
| Telephone No. | Cell No. | E-mail: | |
| Business Address: | | | |
| | | | |
| Telephone No. | | Fax No. | |
| Which Address should be used in any future correspondence with you? (please tick box) | | | |
| <input type="checkbox"/> Home | <input type="checkbox"/> Business | Other (please specify)----- | |
| ----- | | | |
| Telephone No. | | Fax No. | |
| Employment Record: Business (last five years starting from current employer) | Activity | Your title & department | Period of employment |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please brief description of your present position and responsibilities

FINANCIAL SUPPORT

Who will provide financial support for your place on this Diploma program? (Please tick box)

Employer Self others (please specify)-----

* Nominating Authority’s letter must accompany with Application Form.

EDUCATION

This section refers to the school, colleges and universities attended. In each case please state the name and location of the institution, the period of attendance, the subject studied and the qualifications and grades obtained.

| Name and Place of Institution | Year | Subject | Qualifications | Grade/CGPA |
|-------------------------------|------|---------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Professional or other Post-graduate certification | Year |
|---|------|
| | |
| | |
| | |
| | |

NOTE: PLEASE ENCLOSE REQUIRED DOCUMENTS

DECLARATION

I hereby stand committed to the above information provided by me as true and accurate and agree to accept the terms and conditions of this Diploma.

Signature of applicant _____

Date: _____

FOR Office Use Only

Candidate No.-----

Registration No.-----