



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

Please Affix
 Photograph
 here

Name of Applicant: _____

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

Date of Birth: _____

Present Address: _____ City: _____

Permanent Address: _____ City: _____

Tel No (Residential): _____

Cell No: _____

Alternate Cell No: _____

Email Address: _____

Alternate Email Address: _____

C.N.I.C #: _____

PMDC/Pharmacy Council/Nursing Council etc. Registration No. _____

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.

Applicant's Signature

Dated: _____

DOCUMENTATION REQUIRED

1. Each application for admission should be accompanied by **Non Refundable Application Processing Fee** of Rs.500/= (Rupees Five Hundred Only) in the form of **Paid Fee Voucher** in any UBL'S Branch of Pakistan.
2. **Attach two attested copies of following documents:**
 - i) C.N.I.C
 - ii) Complete Academic Certificates
 - iii) Experience Certificates
 - iv) Updated Curriculum Vitae.
 - v) Paid Fee Voucher (***Original Paid Fee Voucher should also be attached***)
 - vi) PMDC/Pharmacy Council/Nursing Council etc. Registration Certificate
3. Three (03) Snaps.
4. **One photocopy of duly filled application form.**
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.

YOU SHOULD MENTION YOUR CURRENT EMAIL ADDRESS AND CONTACT NUMBERS (LAND LINE / CELL PHONE) (MANDATORY)