

The Aga Khan University
FamMed Essentials
Department of Family Medicine
Registration Form

Name (as per CNIC):

[] Dr. [] Mr. [] Ms. _____
 First *Middle* *Last*

Gender: Female Male Prefer not to say

Date of Birth: _____ **City/Country:** _____

CNIC / Passport # _____
National Identity Card Number (Pakistani Applicants)/Passport No. (Foreign Applicants)

Contact Number (1): _____ **Contact Number (2):** _____

Email Address: _____
(Please provide an email address which you access regularly as most communications will be via email)

Permanent Address: _____

Qualification: _____ **Professional experience (*in years*):** _____

Current Employment:

Name of Organization: _____ Self-Employed: _____

Designation: _____ Years of work at current position: _____

Please let us know if an institution/organization/company is sponsoring you?

Yes No (Self-Sponsored)

If yes, please provide name of the Organization: _____

Where did you learn about this course?

Flyer Friends/Family Colleague Through Institute/organization
 AKU website Social Media Other: _____

Why do you want to attend this course? (Please mark all that apply)

- For CME hours my friends were coming so I joined in
- I found it interesting I am preparing for an Exam
- I will get promotion with additional certificate for updating my Knowledge and Skills
- Other: _____

Payment method:

- Cash office AKUH Bank transfer (Please email us your Bank transaction details)
-

Please tick (✓) the following terms and conditions:

- I have read all the FAQs mentioned on the website Yes No
- I have filled the needs assessment survey attached on the website Yes No

Declaration:

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decision(s). Yes No

Please Note: Aga Khan University reserves the right to revoke admission and registration if an application form is discovered to be inaccurate or incomplete, or if supporting documents are discovered to be fraudulent. Any applicant who presents a fraudulent document in support of an application for admission may be identified to other universities and colleges.

Date

Applicant's Signature

Documents Required:

- Copy of CNIC/Passport
- Copy of last Degree or Transcript