

**The Aga Khan University  
Faculty of Health Sciences  
Department for Educational Development**  
**Standardized Patients (SPs) Registration Form**

**Photograph  
Paste here**

Full Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Gender (Please tick mark): Male  Female

Occupation: \_\_\_\_\_ Qualification: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CNIC # \_\_\_\_\_

Contact # \_\_\_\_\_ Email Address: \_\_\_\_\_

Experience as SP: Yes  or No  If yes please provide no of experience in year \_\_\_\_\_

SP training and sessions details: \_\_\_\_\_

\_\_\_\_\_

**Consent**

You are invited to participate in this programme. The information you have provided in this form will not be disclosed with anyone except the concern authorities. This is the mutual agreement between you and the department.

Your rights or complaints about the programme contact at:

Department for Educational Development

Dean's Office, 1<sup>st</sup> Floor, Aga Khan University, Stadium Road, Karachi

Telephone: +92 21 34864504, +92 21 34862153

Email: [ded@aku.edu](mailto:ded@aku.edu)

**SP Signature and Date:** \_\_\_\_\_

**Documents Enclosed**

1. 2 colored passport size photos with blue or white background.
2. Photocopy of CNIC / Passport / Nadra B. Form.
3. Photocopy of Academic Certificates (School, College, University Mark sheets, Degree and Pass certificates).
4. Photocopy of Professional Experience Letter if you are already employee or retired.
5. At least two references with CNIC copy and contact no.