

KHYBER MEDICAL UNIVERSITY PES

Paste a Passport Size Picture Here

CERTIFICATE IN HEALTH RESEARCH

(Two contact Sessions (Five days Each), 06 Mon

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ADMISSION FORM

Form No.	(Office \	Jse only)					
Date of Submission Form:_	/						
Note: 1. <i>Please read the instruc</i>	ctions given in t	ho admis	sion noli	cy in the pro-	enactus and at th	ne hack of this	•
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2. Fill the form in Capital L	etters.						
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Name of Institutions	Major Responsibilities		Position		Dates Employed		

Important Note Instructions						
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 $Khyber\ Medical\ University,\ Phase\ V,\ Hayatabad,\ Peshawar,\ Khyber\ Pakhtunkhwa,\ Pakistan\ website: \underline{www.kmu.edu.pk}$