



BASHIR PSYCHIATRIC

Hospital & Institute

بشیر نفسیاتی و دماغی ہسپتال

71 Abdara Road, University Two Peshawar, Pakistan.

Tel: 0333-9248491, Website: www.bphi.edu.pk

Constituent Body

Of

Gandhara University Peshawar

APPLICATION FORM

One-Year Postgraduate Diploma in Cognitive Behavior Therapy (CBT)



Paste Your
passport size
Photograph
Here

Please write clearly using CAPITAL LETTERS

Application No. _____

1. Personal Information:

Name (in Full): _____ Gender: ☐ Male: ☐ Female

Candidate CNIC # _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y

Candidate Email: _____ Candidate Cell No: _____

Father's Name: _____ Profession/Job: _____

Father's CNIC#

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Present Address: _____
(All correspondence will be made on this address)

City: _____ District: _____ (Res Phone): _____

2. Academic Information:

Qualifications:	Passing Year	Board Name	Annual/Supply	Marks Obtained	Total Marks	%age
Matric (SSC)/ Equivalent Examination						
F.Sc (Pre-Medical)/ Equivalent Examination						
Others						

3. Undertaking by the Applicant:

I _____ Son/Daughter of _____
do hereby solemnly affirm that the information given by me in this application form is true and correct to the best of my knowledge and belief. I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned authorities. I will not claim benefit of any information which is not mentioned in the application form and is produced later on.

I also understand that after the submission of application, if my application stands incomplete, unsigned and any information contained herein is found to be untrue, I shall be liable to disciplinary action under the rules.

I also understand that at the time of admission in Bashir Psychiatric Hospital & Institute, I will be required to deposit fee and subscriptions to the college as prescribed in this prospectus.

Applicant Signature, _____

Date: ____/____/____

4. Supporting Documents:

S-No.	(All Documents Must be Attested)	Nrs. of Copies
1.	Copies of Award Certificates/Qualifications	03 Copies
2.	Copies of Experience Certificates	03 Copies
3.	Matric Certificate & DMC / Equivalence from IBCC.	03 Copies
4.	F.Sc Premedical Certificate & DMC / Equivalence from IBCC.	03 Copies
5.	CNIC	03 Copies
6.	Three Passport Size photographs 2 attested on the back side and 1 on the front side	03 Copies
7.	Original bank draft/transfer receipt of Rs. 2000/- Registration fee Non-Refundable, Payable to Bashir Psychiatric Hospital & Institute HBL Account Number 1697-790116070-3	01 Copy
8.	A current Resume / CV	01 Copy
9.	Personal Statement (briefly describing why you wish to attend this course and how it will benefit your work).	01 Copy

5. References:

Provide names and contacts of 2 references.

1. Name: _____	2. Name: _____
Designation: _____	Designation: _____
Institution: _____	Institution: _____
Email: _____	Email: _____
Contact: _____	Contact: _____

FOR OFFICE USE ONLY

Application Receive Date: - -

Accepted ☐ Rejected ☐

Reason for Rejecting Application: _____

Signature of the Course Director _____

Enrollment Number: