



BASHIR PSYCHIATRIC

Hospital & Institute

بشیر نفسیاتی و دماغی ہسپتال

71 Abdara Road, University Two Peshawar, Pakistan.
Tel: 0343-9010001, Website: www.bashirpsych.com

Affiliated with

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# _____

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. | Four Passport Size photographs 2 attested on the back 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: _____

Enrollment Number:

Signature of the Course Director