



# KHYBER MEDICAL UNIVERSITY

PHASE-V, HAYATABAD, PESHAWAR,  
KHYBER PUKHTUNKHWA, PAKISTAN

All Communication should be addressed to  
The Registrar, Khyber Medical University,  
Peshawar and not to any official by name

E-mail Address: registrar@kmu.edu.pk  
Exchange Ph #: 091-9217703, 9217696-97  
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Ref: 2-1/IHPER/CHPE/KMU/20-137

Dated:10-09-2020

**The Dean**  
Khyber Medical College,  
Peshawar

**Subject: Arrangement of Certificate in Health Professions Education (CHPE) in Khyber Medical College, Peshawar.**

Dear Sir

With reference to your letter No. 6678/Estt/KMC dated: 07-09-2020 regarding the subject cited above; it is requested that:

1. All the short listed forty (40) applicants may please be provided with the attached application form along with MCB Bank receipt on the last page of the form for filling.
2. All the applicants may please be asked to attach attested photocopies of necessary documents mentioned in the check list of application form along.
3. Each applicant must attach paid MCB deposit slip on the front page of applications form.
4. KMU will pay remuneration to the facilitators as per approved rates from F&PC.
5. All the filled application forms, completed in all aspect should reach to this office by 23-09-2020 positively.
6. Participants will be divided in two equal groups (each of 20 candidates). The first contact session for Group-A will be conducted from 28-09-2020 to 02-10-2020 while the 1<sup>st</sup> contact session for Group-B will be conducted from 12-10-2020 to 16-10-2020.
7. Arrange Committee room / Class room with functional multimedia, slide presentation remote, fast internet facility, White Board, Flip Charts, White Board Markers, and necessary stationary for participants including A-4 size writing pads, ball points etc.
8. Provide the services of two professional IT persons for facilitating candidates and facilitators during the sessions.
9. All the participants must bring their laptops for the sessions.
10. Ensure the arrangement of refreshment (Hi-Tea for participants along with lunch for facilitators)

Regards

**REGISTRAR**

**Copy forwarded for information, please**

1. PS to Vice Chancellor-KMU
2. Director IHPE&R-KMU
3. Office record