



Gandhara University Peshawar

Postgraduate Medical Sciences

Bashir Psychiatric hospital & Institute, 71 Abdara Road, University Town,
Peshawar, Pakistan. Tel: 0343-9010001, Website: www.bashirpsych.com

APPLICATION FORM

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

Paste your photo

Please write in **BLOCK CAPITALS**. Complete **ALL SECTIONS**.

Section A: Your Personal Details

First Name: _____ Last Name: _____

Father Name: _____

Gender: Male Female

Section B: Contact Information

Corresponding Address: _____

City _____ Province _____

Telephone _____ Mobile _____

Email Address _____

Section C: Details of Current and Previous Education

Title of Qualification	Start Date	Completion Date	Grade	Institution

Section D: Supporting Documents

Following Supporting documents is required with all Applications.

1. Attested copies of award certificates / qualifications
2. Attested copies of experiences certificates
3. Original bank draft/ transfer receipt of Rs 2000/- Registration fee Non-Refundable, Payable to Postgraduate Clinical Studies. **HBL Bank Account number 1967-79003265-01.**
4. Two color passport size photographs.
5. A current Resume/ CV
6. Personal Statement (briefly describing why you wish to attend this course and how is it going to benefit your current work).

Section E: Referees

Provide names and contacts of 2 referees

- | | |
|-------------|-------------|
| 1. Name | 2. Name |
| Designation | Designation |
| Institution | Institution |
| Email | Email |
| Contact | Contact |

DECLARATION

I confirm that the information I have provided on this application form is to (to the best of my knowledge) true, accurate, current, and complete; and I agree to notify the course organizers promptly if any information contained on this application form should change. I confirm that all supporting work submitted as part of this application is entirely my own original work, except where clearly stated otherwise, and does not include any plagiarized elements.

Signature _____ Full Name _____ Date: _____

FOR OFFICE USE ONLY

Application Receive Date _____

Accepted Rejected

Reason for rejecting application: _____

Signature of the Course Director: _____

Enrollment number: _____