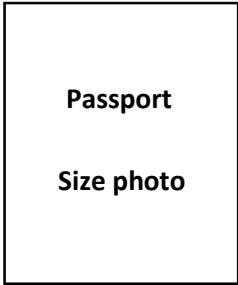




Baqai Institute of Diabetology & Endocrinology

IDF CENTRE OF EDUCATION &
CENTRE OF EXCELLENCE IN DIABETES CARE



Course Title: *Diploma in Diabetes Education*

Course Coordinator: *Miss Erum Ghaffoor & Mrs. Rabia Abdul Rehman*

Title (Mr. Mrs. Miss. Dr.): _____ **Gender** Male/ Female: _____

Name of Candidate: _____

Father's Name: _____

Husband's Name: _____

NIC No: _____ **Qualification:** _____

Date of Birth: _____ **Marital Status:** _____

Cell No.: _____ **Phone No. (Residence):** _____

Phone No. (Clinic): _____ **Experience in Medical Field** Yes/No

Residence Address: _____

Working Address: _____

City: _____ **Province:** _____ **Email ID:** _____

Employment Country: _____

Employment Institution: _____

Working with Referring Doctor Yes / No

(If Yes), Name of Doctor: _____

Clinic / Institution: _____

Address of Institution / Clinic: _____

Phone # of Clinic/ Institution: _____ Cell # of Doctor: _____

Email ID of Doctor: _____

I hereby, that above all information is correct.

Signature of the Applicant: _____ Dated: _____

For Office use only:

Date of Start of the Course: _____ Batch No.: _____

(Comments/remarks by In charge):

