



PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES PUNJAB



Primary & Secondary
Healthcare Department

Office of the Program Manager, 1st Floor, Directorate General
Health Services, 24 Cooper Road Lahore

Phone# 042(99206293-4)

Application Form for M.Phil. & Ph.D. Scholarship

Picture 1

recent passport size color
photograph having
blue background

تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

Discipline Applied for: FILL ONLY ONE BOX FOR DISCIPLINE APPLIED FOR ACCORDING TO YOUR DEGREE. **(Mandatory)**

Degree in:

M.Phil.

Ph.D.

Personal Information: USE CAPITAL LETTERS AND LEAVE SPACES BETWEEN WORDS.

01. Name in Full:																											
02. Father's Name:																											
03. Candidate CNIC:																											
04. Postal Address:																											
05. City:														06. District:													
07. Mobile No:														08. Email Address:													
09. Domicile Province:																											
<input type="checkbox"/> Punjab														<input type="checkbox"/> Other													

Academic Information: (PLEASE DO NOT ATTACH COPIES OF YOUR ACADEMIC CERTIFICATES AT THIS STAGE)

Certificate / Degree Level	Degree Title	Year of Completion	Obtained Marks/CGPA	Total Marks/CGPA	Board / University / Institute
Matric/ O-Level					
F.Sc./ A-Level					
Bachelors/(Hons)					
M.Phil.					
Ph.D.					
Other (if any)					

University Details

Name of Institution	
Degree Title	
Academic Session	
Department	
Registration / Roll Number	
Approved Synopsis Title	
Duration of Research	

Research Details

Purpose of the Research	
Type of Research (Please check all applicable options)	Basic Sciences <input type="checkbox"/> Clinical Research <input type="checkbox"/> Health Services/ Health Systems/ Health Administration <input type="checkbox"/> Public Health/ Preventive Medicine/ Behavioural Science <input type="checkbox"/>
	Humans <input type="checkbox"/> Animals <input type="checkbox"/> Diagnostic (incl Radioactive Agents) <input type="checkbox"/> Therapeutic <input type="checkbox"/>
	Laboratory <input type="checkbox"/> Pharmaceutical (incl Experimental Drugs) <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Surgical (incl Experimental Procedures) <input type="checkbox"/>
	Other (Please specify) <input type="checkbox"/>
Potential risks of this study:	
Potential Benefits of this study:	
Objectives of the study	1. 2. 3.
Materials and Methods:	1. Study Area: 2. Study Design: 3. Sample Size estimation: 4. Sampling Technique: 5. Data Collection Method:

	6. Data Management & Analysis:
Ethical Approval	

Scholarship Details

Have you been awarded any other scholarship(s)/funding for this research? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, then please provide the following information:				
Scholarship	Total Scholarship	Year of	Degree Level	Name of Institution
Titled	Amount	Receiving		
		Scholarship		

Financial Information

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, then please provide the following information:				
Name of Employer/Company	Designation	Duration of Service	Monthly Gross Income of	No. of Dependents

Undertaking by The Applicant:

I _____ d/s/w of _____ do hereby solemnly declare and affirm that I have read and understood the instructions and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my grant can be cancelled at any stage (even after the scholarship approval) and I shall be legally bound to return the entire amount and liable to legal action by the NCDs Program.

Picture 2
Affix your recent
passport size photograph
having blue color
background

تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

Candidate's Signature: _____ Thumb Impression: _____ Date: _____

Checklist of the Required Documents (ATTESTED COPIES TO BE ATTACHED)

- Letter of Intent/Cover letter
- Proposed Synopsis duly signed by Supervisor/HOD Guarantee Form
- Copy of university registration card/certificate Copy of educational degrees/certificates
- Copy of CNIC.

Note: Please ensure the copy submitted is clearly printed and fully legible. All documents should be duly attested by the Supervisor and Head of the Department (HOD).

Signature of Applicant

Date

Signature & Stamp of Supervisor

Date

Signature & Stamp of HOD

Date

Last date for submission of application form is 1st February 2021

Please Send Application Forms to the office of Program Manager Prevention and Control of NCDs Program on the Above Mentioned Address

