



APPLICATION FOR ACCREDITATION AS A CPD PROVIDER

Please Read This Section Carefully Before Completing The Form

- The application form must be completed by a duly authorized person.
- Every application must be accompanied by:-
- The application fee SSP **(non-refundable)**.
- Calendar of activities.
- Names of two referees.

PART A: ADMINISTRATIVE INFORMATION

1. Particulars of Applicant

a) Name of institution:

b) Permanent Address:

c) Physical Address:

d) City/Town:

e) County:

f) Postal Address:

g) Payam:

h) Plot No.:

i) Nearest Land Mark:

j) Telephone No:

k) Mobile No.:

l) Email:

m) Website:

n) Fax:

2. Name of Contact Person:

Mobile No.:

Email:

Any other additional information:

PART B: DECLARATION BY APPLICANT

I, the undersigned confirm that all the information in this form and accompanying documentation is correct and true to the best of my knowledge. I further agree to inform the SSGMC, about any changes or modifications made to the information given in the document submitted.

Name of Head of Institution/Department:.....

.....

Signature:

.....

Name of CPD coordinator:

.....

Signature:

.....

Date of Application:

.....

Official Stamp:

PART C: FOR MPDB OFFICIAL USE ONLY PREPARED BY: -

Name:
Designation:
Signature:
Date:

CHECKED BY: -

Name:
Designation:
Signature:
Date:

APPROVED/NOT APPROVED

Name:
Designation:
Signature:
Date: