SKINDOT CLINICS

AESTHETIC PHYSICIAN MENTORSHIP PROGRAM

ENROLLMENT & TRAINING RECORD FORM

Structured 1-month mentorship • 2 hours daily • Supervised clinical exposure

1. Trainee Information

Full Name: _____	Father's Name: _____
CNIC / Passport No.: _____	Date of Birth: _____
Mobile / WhatsApp: _____	Email Address: _____
Current Address: _____	Medical Qualification: _____
University / Medical College: _____	Year of Graduation: _____
PMDC Registration No.: _____	Current Designation / Workplace: _____

2. Professional Credentials

PMDC Registration: ■ Verified ■ Pending	Degree / Qualification: ■ Verified ■ Pending
CNIC / ID: ■ Verified ■ Pending	CV: ■ Received ■ Not Received
Previous Dermatology / Aesthetic Experience: _____	Previous Aesthetic Courses / Certifications: _____

3. Mentorship Details

Selected Branch: ■ PWD ■ Khanna Pull	Selected Mentor: _____
Program Start Date: _____	Expected Completion Date: _____
Schedule: ■ 3 days/week ■ 6 days/week ■ Other: _____	Expected Training Days: _____

4. Areas of Training

■ Laser Procedures ■ Non-invasive Aesthetic Procedures ■ Mesotherapy ■ PRP
■ Botox ■ Dermal Fillers ■ Threads ■ HIFU ■ RF Microneedling ■ CO■ Laser ■ Other: _____

5. Training & Patient Safety Declaration

I understand that training is conducted under appropriate supervision; patient-involved hands-on procedures are subject to patient consent; if a patient does not permit trainee involvement, the trainee may observe or assist as appropriate; selected advanced or less frequently performed procedures may be taught theoretically/procedurally or arranged on trainee-provided models subject to applicable consumables; and I will maintain patient confidentiality, infection-control, safety, ethical and professional standards and will not independently perform procedures beyond my authorized professional scope.

■ I agree to the above declaration.

6. Fee & Enrollment

Program Fee: PKR 150,000 (payable fully in advance)	Amount Paid: PKR _____
Payment Date: _____	Payment Method: _____
Discount, if applicable: _____	Remaining Balance: PKR _____
Payment Verified By: _____	

7. Attendance & Training Log

Date	Hours	Topics / Procedures	Observation	Assisted	Hands-on	Mentor Initial
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	
			■	■	■	

8. Mentor Assessment

Clinical Knowledge: ■ Excellent ■ Good ■ Needs Improvement	Patient Assessment: ■ Excellent ■ Good ■ Needs Improvement
Procedure Knowledge: ■ Excellent ■ Good ■ Needs Improvement	Aseptic Technique: ■ Excellent ■ Good ■ Needs Improvement
Patient Communication: ■ Excellent ■ Good ■ Needs Improvement	Professional Conduct: ■ Excellent ■ Good ■ Needs Improvement

Mentor Comments:

_____

_____

9. Completion

Training Days Completed: _____ / 26	Total Training Hours: _____
Program Status: ■ Successfully Completed ■ Partially Completed ■ Did Not Complete	Mentor Name & Signature: _____
Trainee Signature: _____	Completion Date: _____ _____

10. Final Declaration

I confirm that the information provided by me is accurate and that I have completed the mentorship requirements recorded above.

Trainee Name: _____	Signature: _____
Date: _____	

For SkinDot Clinics Official Use

Trainee ID: _____	Branch: ■ PWD ■ Khanna Pull
Mentor: _____	Enrollment Date: _____
Completion Date: _____	Certificate Issued: ■ Yes ■ No
Certificate No.: _____	

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AESTHETIC PHYSICIAN MENTORSHIP PROGRAM

TRAINEE ENROLLMENT & BACKGROUND FORM

Please complete all sections accurately. The information will be used for enrollment, training documentation and internal records.

1. Personal Information

Full Name: _____	Father's Name: _____
CNIC / ID Card No.: _____	Date of Birth: _____
Gender: ■ Male ■ Female	City: _____
Phone / WhatsApp: _____	Email: _____
Complete Address: _____	
_____	

2. Educational & Professional Information

Previous Education / Qualifications: _____	Medical College / University: _____
_____	_____
Year of Graduation: _____	PMDC Registration No.: _____
Current Professional Status: ■ House Officer ■ Medical Officer	■ General Practitioner ■ Dermatologist ■ Other: _____
Current Workplace / Clinic / Hospital: _____	_____
Previous Aesthetic Experience: ■ None ■ <1 year ■ 1–3 years ■ >3 years	
If yes, briefly describe: _____	_____

3. Program Enrollment

Program Enrolled: ■ Aesthetic Physician Mentorship Program	Other Program: _____
Preferred / Assigned Branch: ■ PWD ■ Khanna Pull	Enrollment Date: _____
Program Start Date: _____	Expected Completion Date: _____

4. Why Have You Chosen Aesthetic Medicine?

Please mention your three main reasons for choosing Aesthetic Medicine as an area of professional interest.

Reason 1: _____	_____
_____	_____
Reason 2: _____	_____
_____	_____
Reason 3: _____	_____
_____	_____

5. Your Interest in Aesthetic Medicine

■ Botulinum Toxin ■ Dermal Fillers ■ PRP ■ Mesotherapy ■ Microneedling / RF Microneedling
■ Laser Procedures ■ HIFU ■ Threads ■ Chemical Peels ■ Skin Rejuvenation ■ Hair Restoration
■ Other: _____

6. Your Expectations from the Program

What do you expect to learn? _____	_____
_____	_____

_____	_____
What are your main professional goals? _____	_____
_____	_____
_____	_____

7. Previous Training

Attended aesthetic/dermatology training? ■ No ■ Yes	Course / Training Name: _____
Institution / Trainer: _____	Year: _____
Duration: _____	_____

8. Professional Goals

Where do you see yourself in Aesthetic Medicine in the next 2–3 years?

_____	_____
_____	_____
■ Own aesthetic practice ■ Work in aesthetic clinic	■ Add aesthetics to existing practice ■ Further training
■ Other: _____	

9. Declaration

I confirm that the information provided in this form is accurate and complete. I understand that enrollment in the program does not by itself grant authorization to independently perform any medical or aesthetic procedure beyond my professional qualifications, registration and applicable regulations. I agree to follow SkinDot Clinics' professional, ethical, patient-safety, confidentiality and infection-control policies throughout the program.

Trainee Name: _____	Signature: _____
Date: _____	

FOR SKINDOT CLINICS OFFICIAL USE

Trainee ID: _____	Enrollment Approved By: _____
Documents: ■ CNIC ■ Degree ■ PMDC ■ CV ■ Other	Mentor Assigned: _____
Branch: ■ PWD ■ Khanna Pull	Program Fee: PKR 150,000
Payment Status: ■ Paid ■ Pending	Payment Verified By: _____
Remarks: _____	_____
_____	_____
Authorized Signature: _____	Date: _____