kmu	<b>CERTIFICATE IN HE</b>	DICAL UNIVERSITY Ealth research IVE days Each), 06 Months		Paste a Passport Size Picture Here
	(Office Use only)			
Date of Submis	sion Form://			
application	form before filling this for	in the admission policy in the prm:	prospectus and at the b	ack of this
	n in Capital Letters.			
Name:		Father's Name		
Date of birth (dd/	/mm/yy):/G	ender: M 🗌 F 📄 Domicile:	Nationality:	
NIC:		-		
Mailing Address:				
Permanent Addre	255:			
Phone (Res):	Cell #:	Email:	Passport #:	
In case of emerge	ency please contact:			
Name:		Address:		
Phone:	Cell:			

		ACADEMI	C QUALIF	ICATIONS			
Name of Institutions	City, Country	Dates R	Received	Degree Received	Marks Obtained	Total Marks	%
	•	Emplo	oyment R	ecord			
Name of Institutions	Major Responsil	bilities	Po	osition	Dates Empl	oyed	

## **IMPORTANT NOTE / INSTRUCTIONS**

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents **in the following sequence.** The documents & certificates must be attested by Gazetted Officer. The stamp of the officer must bear full name, designation and current place of duty.

Note: Check (*	<b>1</b> ) the relevant	box for the attached	documents.
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Co	py of Final Degree py of PMDC/PNC Registration py of valid CNIC e additional page if required.
	py of valid CNIC
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	e additional page if required.
Us	
1. 2. 3. 4. 5.	All applicants must appropriately fill and sign the admission form. Incomplete/not properly filled form in any respect will be rejected. Avoid rewriting/cutting, while filling the form. Applications should reach office of the Director IPH&SS-KMU on or before the closing date and time. Applications received after the due date and time will not be entertained for admission. Applicant must study the Admission Policy of Khyber Medical University. Application forms with any false statement by the candidate will be rejected If any certificate submitted by the candidate is found false, or forget during his/her study period his/her admission shall be cancelled forthwith and he/she shall be blacklisted for admission to any professional colleges/institutions in KHYBER PAKHTUNKHWA. Further legal action can be taken against the student under the existing criminal laws.
	DECLARATION
Cer	tified that the facts produced are correct to the best of my knowledge. Signature of the Applicant:
For	office Use only
F	Remarks / Requirements

Receipt No. \_\_\_\_\_

Dated: \_\_\_\_\_

Checked by Member of Scrutiny Committee:\_\_\_\_\_

Signature Chairman Scrutiny Committee:

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Signature Dealing office Manager/Assistnat:

Khyber Medical University, Phase V, Hayatabad, Peshawar, Khyber Pakhtunkhwa, Pakistan website: <u>www.kmu.edu.pk</u>