

Khyber Medical University Peshawar

Certificate in health research

(Two Sessions (Five days Each), 06 Months Duration)

Paste a Passport	
Size Picture Here	

١
١
١
١
١
١
١
١
١
١
١
١
١
١
١
١
١
١
١
ì
N
ī
'n
ľ
Į,
1
3
37
R
31
R
RI
RN
R۱
R۱
R۱
RI
RI
RI
R
R
)RI
)RI
DRN
DRN
ORN
ORN
ORN
ORI
ORN
'ORN
ORN
FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
N FORM
NFORM
NFORM
N FORM
N FORI
N FORI
N FORI
N FORM
N FORI

Form No (Office	Use only)							
			P	hysical: \square	Online:			
Note:		_		•				
	Father's Name							
2. Fill the form in Capital	Letters.							
Name:			Father	's Name			_	
Date of birth (dd/mm/yy):	//Gende	er: M 🔲 F	E Do	micile:	Nationality	· <u> </u>		
NIC:	-		-					
Mailing Address:				_				
Permanent Address:								
Phone (Res): Co	ell #:	E	mail:		Passport	#:		
In case of emergency please c	ontact:							
Name:		Address:					_	
Phone:							-	
		ACADEMI	C QUALIF	ICATIONS				
Name of Institutions	City, Country	Dates Received		_	Marks Obtained	Total Marks	%	
		Emplo	yment R	ecord				
Name of Institutions	Major Responsibilities		Major Responsibilities Position		sition	Dates Employed		

ollowing sequence. The documenation and current place of die: Check (√) the relevant box One Passport Size Picture (sho Copy of Final Degree Copy of PMDC/PNC Registra Copy of valid CNIC Use additional page if require 1. All applicants must app rejected. Avoid rewriting 2. Applications should react due date and time will not applicant must study the Application forms with a finany certificate submitted.	ation form the following attested P ments & certificates must be attest uty. a for the attached documents. Fould be glued/pasted on admission for tion	sion form. Incomplete/not pr MU on or before the closing dat cal University. e will be rejected or forget during his/her study	operly filled form in an e and time. Applications	y respect will k received after th
Certified that the facts pro	DECENTIAL DESCRIPTION OF THE PRINCE OF THE P	CLARATION f my knowledge.	nature of the Applican	t:
For office Use only Remarks / Requirement				
Receipt No	Dated: rutiny Committee:			
Received App. Form No	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Dated:	.//
Khyber Medici	al University, Phase V, Hayatabad, Pesh	=	office Manager/Assisti an website: www.kmu.edu.p	