KHYBER MEDICAL UNIVERSITY PESHAWAR

APPLICATION FORM FOR AWARD OF TRANSCRIPT

SEMESTER SYSTEM

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Program (Please √)

1. ☐ Doctor of Physical Therapy (DPT)
2. ☐ Master of Physical Therapy (MSPT)
3. ☐ BS Nursing (BSN)
4. ☐ B.Sc. Post RN
5. ☐ M.Sc. (Nursing)
6. ☐ B.Sc. MLT (02 Years)
7. ☐ Paramedics (Condense)
8. ☐ Paramedics (Condense)
9. ☐ BS (P&O) Sciences
10. ☐ BS Vision Sciences
11. ☐ M.Sc Child Health
12. ☐ BS Paramedics "Discipline _____
13. ☐ M.Phil "Discipline" _____
14. ☐ Ph.D "Discipline _____
15. Any Other _____

University Registration No: _____

Title of Transcript: _____

1. Name (In block letters) _____
2. Father's Name (In block letters) _____
3. C.N.I.C #: | | | | | | | | | | | | | | | | (Attach Attested Copy)
4. Passport No. (only for Foreign Students) _____
5. Date of Birth _____ Date of Admission _____
6. Name of Institute / Campus/ College _____
7. Name of Examination Passed _____ Roll No. _____
   Year/Session _____ (Fall/Spring) _____ Result deceleration Date _____
8. I have completed all the requirements for award of Transcript and have deposited Rs. _____ in _____ vide Bank Receipt No _____ dated _____ (Receipt attached).

Signature of the Candidate

(Head of Institute/Principal/Vice Principal)

Name _____ Signature _____ Office Seal _____

Entries Checked by **FOR OFFICE USE ONLY**

Section Incharge (SS) | Assistant Controller (SS) | Deputy Controller (SS)

ACKNOWLEDGEMENT (To be filled by applicant)

Received the degree application form of Mr/Mrs _____

S/D/O _____ Reg.No _____

Session _____ Roll No _____ Fee deposited Rs. _____

NBP Hayatabad branch vide Bank Receipt No _____ Dated _____

Note: Only the concerned applicant can collect his/her Transcript on the production of original Transcript receipt, CNIC Copy/ Original.

IMPORTANT NOTE: The applicant must read the instructions on the reverse of the application form carefully before submitting the form in the office.

(SEMESTER SYSTEM)
Khyber Medical University,
Peshawar.