



KHYBER MEDICAL UNIVERSITY PESHAWAR

EXAMINATION ADMISSION FORM

SEMESTER SYSTEM

Spring/ Fall 20_____

Program

- 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. BS Paramedics "Discipline _____"
- 12. Any Other _____

Paste photo graph attested on face side

University Registration No.

Institute Name Examination Center

1. Name (IN BLOCK LETTERS) _____ Gender _____

2. Father's Name (IN BLOCK LETTERS) _____

3. N.I.C.No. - -

4. Date of Birth: _____ E-mail: _____

5. Permanent address _____
_____ Phone No _____

6. Appeared in last time Sem, Examination under Roll No _____ Session _____ (Spring/Fall).

7. Subjects in which to be examined:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____
- 7. _____ 8. _____ 9. _____

7. RE-APPEAR (SEMESTER _____)

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

DECLARATION

I hereby solemnly declare that the particulars given above are correct .In case of any wrong information or concealment of facts I shall be responsible for the consequences. Further, I undertake to abide by the Rules and Regulations of Examination prescribed by the Khyber Medical University, Peshawar.

Dated _____

Signature of student _____

FOR OFFICE USE ONLY

Entries and result checked and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt.

A.C.E

D.C.E

Remarks (if any)

CERTIFICATE

1. I certify that the candidate has fulfilled the conditions laid down in the rules, that he/she is of good moral character; that he/she has signed this application: and his/her particulars over-leaf are correct.
2. I certify that he/she completed the course of lectures, practical, demonstrations, clinical work etc. as prescribed in the regulations and he/she fulfill the criteria to appear in the exam.
3. He/She has remitted Rs..... (Rupees in ords).....
.....
Vide NBP Draft/University Receipt No.....Dated.....
as Examination Admission Fee (attached).

Note: - All documents including Bank Draft/Bank receipt to be attached here.

Principal

Signature _____

Name of College _____

Office Seal _____

Remarks if any:

INSTRUCTIONS: (TO BE READ CAREFULLY)

1. Examination Admission Form duly completed in all respects should reach the controller of Examinations, Khyber Medical University Peshawar on or before the last date notified for the purpose failing which late fee will be charged.
2. Fee once deposited is neither refundable nor adjustable if the candidate is otherwise eligible.
3. Two different Examinations are not allowed in one session of examination.
4. Incomplete forms will not be entertained.
5. All candidates are required to attach three copies of passport size photographs and one copy of National Identity Card /Domicile Certificate duly attested by the principle concerned.
6. Incomplete /unsigned forms will not be entertained and will be returned at the cost/risk of the candidate.
7. Admission fee remitted through money order/cheque will not be accepted.
8. No student is eligible for a university examination without having attended 75% of the lectures, demonstrations, tutorials, and practical or clinical work both inpatient and outpatient.
9. Whatever may be the system of marking, for all examinations throughout the Semester System the percentage of pass marks in each subject will not be less than 60%.
10. No grace marks are allowed in any examination.

Student Signature _____



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20__

SUPERINTENDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Suptd. & returned to the Exam. Section after termination of exam]

Photograph

University Registration No.

N.I.C.NO.

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for semester Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects in which to be examined:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

RE-APPEAR (SEMESTER _____)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20__

STUDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Candidate]

Photograph

University Registration No.

N.I.C.NO.

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for Semester Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects in which to be examined:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

RE-APPEAR (SEMESTER _____)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate