

### Program

1. ☐ Doctor of Physical Therapy (DPT)
2. ☐ Master of Physical Therapy (MSPT)
3. ☐ BS Nursing (Generic)
4. ☐ BS Nursing (Post RN)
5. ☐ M.Sc. (Nursing)
6. ☐ BHMS
7. ☐ M.Phil
8. ☐ MPH
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 **Hassan College of Nursing & Allied Health Sciences Swat** Examination Center \_\_\_\_\_

1. Name (IN BLOCK LETTERS): \_\_\_\_\_ Gende \_\_\_\_\_

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 \_\_\_\_\_ (Spring/Fall).

7. Subjects in which to be examined: **Semester**

### 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

A.C.E /S.I

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:**

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## **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 Hassan College of Nursing & Allied Health Sciences Swat

for semester Examination on the dates given in the date sheet to the Centre for  
Examination at: Hassan College of Nursing & Allied Health Sciences Swat

Subjects in which to be examined: Semester:

Signature of Candidate

Deputy Controller of Examinations  
Khyber Medical University Peshawar.



# 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: Hassan College of Nursing & Allied Health Sciences Swat

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

Examination at Hassan College of Nursing & Allied Health Sciences Swat

Subjects in which to be examined: Semester:

Signature of Candidate

Deputy Controller of Examinations  
Khyber Medical University  
Peshawar.