

KHYBER MEDICAL UNIVERSITY PESHAWAR

EXAMINATION ADMISSION FORM

SEMESTER SYSTEM

Spring/ Fall 20

<u>Program</u>			
1. Doctor of Physical Therapy (DPT) 2. Master of Physical T	herapy (MSPT)	Paste photo graph attested on face side
3. BS Nursing (Generic) 4	■ BS Nursing (Post RN) 5	■M.Sc. (Nursing)	attested on face side
6. □ внмѕ	7. M.Phil	8.□ мрн	
9. BS (P&O) Sciences	10. BS Vision Sciences	5	
11. BS Paramedics "Discipline			
12. Any Other			
University Registration No.			
Institute Name Hassan College of Nur Allied Health Sciences S	sing & Examina Swat	tion Center	
1. Name (IN BLOCK LETTERS):			Gende
2. Father's Name (IN BLOCK LETTER	S:_		
3. N.I.C.No.			
4. Date of Birth:	E-mail:		
5. Permanent address:			
Phone No:			
6. Appeared in last time Sem, Examina	ation under Roll No	(Spring/F	Fall)
) (Opinig/i	un).
7. Subjects in which to be examine	ed: Semester		
I hereby solemnly declare that the particulor of facts I shall be responsible for the configuration prescribed by the Khyber Me	onsequences. Further, I undertake		
Dated	Signature o	of student	
	FOR OFFICE USE ONLY		
Entries and result checked and found correct.	He/She is Eligible/Ineligible	Allowed/Disa	allowed
Dealing Assistant	A.C.E/S.I	D.C.E	
Remarks (if any)	<u> </u>		

CERTIFICATE

character; that he/she has signed this application: and his/her particul. I certify that he/she completed the course of lectures, practical, demor prescribed in the regulations and he/she fulfill the criteria to appear in the regulations and he/she fulfill the criteria to appear in the regulations and he/she fulfill the criteria to appear in the resulting the criteria to appear in the resulting to a sexamination and the resulting the criteria to appear in the criteria. Incomplete forms will not be entertained. Incomplete forms will not be entertained and will be returned at the criteria to a critical through money order/cheque will not be accepted. No student is eligible for a university examination without having attended to tutorials, and practical or clinical work both inpatient and outpatient.	nstrations, clinical work etc. as the exam. Dated
prescribed in the regulations and he/she fulfill the criteria to appear in 3. He/She has remitted Rs	the exam. Dated
3. He/She has remitted Rs	Dated
Vide NBP Draft/University Receipt No	Dated
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 Collect Office Seal Remarks if any: INSTRUCTIONS: (TO BE READ CAREFULLY) 1. Examination Admission Form duly completed in all respects should reach Medical University Peshawar on or before the last date notified for the charged. 2. Fee once deposited is neither refundable nor adjustable if the candidate is of 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 photogral Card /Domicile Certificate duly attested by the principle concerned. 6. Incomplete /unsigned forms will not be entertained and will be returned at the 7. Admission fee remitted through money order/cheque will not be accepted. 8. No student is eligible for a university examination without having attended tutorials, and practical or clinical work both inpatient and outpatient.	
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8. No student is eligible for a university examination without having attended tutorials, and practical or clinical work both inpatient and outpatient.	e cost/risk of the candidate.
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	d 75% of the lectures, demonstrations,
0 Whatever may be the system of marking for all examinations throughout the	
9. Whatever may be the system of marking, for all examinations throughout the	e 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.	
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Student Signature _____



Signature of Candidate

KHYBER MEDICAL UNIVERSITY PESHAWAR

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Exam. Section after termination	
	Photograph
University Registration No:	
N.I.C.NO.	
Admit Mr./Mrs./Miss:	
Son/Daughter of	
Of the Hassan College of Nursing & Allied Health Sciences Swaf	
for semester Examination on the dates given in the date sheet to the	Centre for
Examination at: <u>Hassan College of Nursing & Allied Health Scien</u>	ces Swat
Subjects in which to be examined: <u>Semester:</u>	
oubjects in which to be examined.	
Cincature of Condidate	Deputy Controller of Examinations
Signature of Candidate	Khyber Medical University Peshawar.
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Deputy Controller of Examinations Khyber Medical University Peshawar.