



KHYBER MEDICAL COLLEGE PESHAWAR

FEE CONCESSION FORM

PARTICULARS OF THE APPLICANT

- Name: _____ Class: _____ Class No: _____
- Father/Guardian's Name: _____
- Address: _____
- Contact No: _____ Father/Guardian's Contact No: _____
- Occupation of Father/Guardian _____ Monthly income Rs. _____
- Monthly Income from other sources Rs: _____
- Residence: _____ Owned: Hired:
- Fee Concession received in past: Yes: No:
- If yes, nature of concession/scholarship _____
- Marks Obtained with division in previous exam: _____
- Involvement in any anti-disciplinary activity: Yes: No:
- Signature of student: _____

FOR OFFICE USE

Certified that the above particulars are correct on the basis of Student Affairs Section's record.

Incharge (SAS) _____

APPROVAL BY THE COMMITTEE MEMBERS

Approved for concession of: **FULL FEE**

HALF FEE

COMMITTEE MEMBERS:

<u>Names</u>	<u>Signatures</u>
1. Dr. _____	_____
2. Dr. _____	_____
3. Dr. _____	_____

Chairman
Fee Concession Committee

DEAN
Khyber Medical College Peshawar