



KHYBER MEDICAL UNIVERSITY
PESHAWAR

Roll No _____

EXAMINATION ADMISSION FORM
FOURTH PROFESSIONAL MBBS

Annual/ Supplementary 20 _____

Paste photo
graph attested
on face side

First Professional MBBS R.No. _____ A/S _____ Session _____ Marks _____

Second Professional MBBS R.No. _____ A/S _____ Session _____ Marks _____

Third Professional MBBS R.No. _____ A/S _____ Session _____ Marks _____ (Attach DMC)

University Registration No.

College Name:

1. Name (IN BLOCK LETTERS) _____ Gender _____

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

3. CNIC No.

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
| | | | | | | - | | | | | | | | - | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|

4. Permanent address _____
_____ Phone No _____

5. Passed 3rd Professional MBBS Annual/Supply under Roll No. _____ Session _____

6. Appeared last time 4th Professional Annual/Supply Examination under Roll No _____
Session _____ (Attach DMC).

7. Subjects in which to be appeared:

i. Special Pathology

ii. Community Medicine

iii. Eye

iv. ENT

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 Candidate _____

FOR OFFICE USE ONLY

Entries and result checked
and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt: _____

ACE

DCE

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.
3. I certify that he/she has passed the 3rd Professional (Annual/Supply) Examination and is eligible to appear in the 4th Professional Examination.
4. He/She has remitted Rs..... (Rupees in words)
.....
Vide Bank Draft No.....Dated.....as
Examination Admission Fee (attached).

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

Principal

Signature _____

Name of College _____

Office Seal _____

=====

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 medical course the percentage of pass marks in each subject will not be less than 50% i.e., 50% in theory and 50% in practical
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]

Paste photo
graph attested
on back side

University Registration No.

CNIC No.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
| | | | | | - | | | | | | | | - | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____ College for MBBS 4th Professional
Examination on the dates as given in the date sheet to the Centre for Examination at _____

Subjects In which to be examined

1. _____ 2. _____
3. _____ 4. _____

**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 the Candidate]

Paste photo
graph attested
on back side

University Registration No.

CNIC No.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
| | | | | | - | | | | | | | | - | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____ College for MBBS 4th Professional
Examination on the dates as given in the date sheet to the Centre for Examination at _____

Subjects In which to be examined

1. _____ 2. _____
3. _____ 4. _____

**Deputy Controller of Examinations
Khyber Medical University
Peshawar.**

Signature of Candidate