|  |  |  |
| --- | --- | --- |
|  | **KHYBER MEDICAL UNIVERSITY**  **APPLICATION FORM FOR ADMISSION**   1. **DIPLOMA IN FAMILY MEDICINE (DFM) PESHAWAR, ISLAMABAD & ABBOTTABAD** 2. **PG CERTIFICATE IN PALLIATIVE CARE** 3. **CERTIFICATE IN HEALTHCARE QUALITY & RISK MANAGEMENT**   **Applied For :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SESSION FALL 2022** |  |

Serial No. \_\_\_\_\_\_\_\_\_

**Attach Four**

**Attested Photographs**

**Here**

***(*The form should be filled in BLOCK letters*)***

**Note:** Please read the instructions given in the admission policy in the prospectus and on the

application form before filling this form. Applicant shall pay **Rs. 3000/-** in KMU Account

No. **0977029551007356** (free online) in any branch of Muslim Commercial Bank (MCB) and attach

Original fee receipt at the time of submission of application form.

Name: Father/Husband Name:

*(As per SSC or equivalent certificate in* BLOCK *letters)*

Date of Birth (dd/mm/yyyy): Gender: Male / Female

Domicile: CNIC No: Nationality:

Mailing Address:

Contact No. (Tel: Res) Cell: Email:

Permanent address:

**In case of emergency please contact:** Name& Parentage:

Address: Cell/Tel:

Application Processing Fee: Amount: Rs. Receipt No. Dated:

**EDUCATIONAL RECORD:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Qualification**  **(SSC & onward)** | **Year of passing** | **Annual/Supply / Marks Improved** | **Exam.**  **Roll No** | **Total Marks** | **Obtained Marks** | **Name of**  **Board / University** |
| **SSC** |  |  |  |  |  |  |
| **FSC** |  |  |  |  |  |  |
| **MBBS** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**EXPERIENCE (*for* *In-Service Candidates only)*:** *Experience will be considered valid, only if valid experience certificate is provided at the time of submission of application form. Attach additional sheet if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization/Institution** | **Duration** | | **Designation** | **Job Description** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Page 01 of 02**

**RESEARCH PUBLICATIONS:** *Please attach copy of the enlisted publications*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S #** | **Title of Research** | **Name of Journal / Conference** | **Date of Publication** | **Principal / Co- Author** | **Impact Factor of the Journal** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

**Were you ever involved in criminal proceeding in a Court of Law? If yes, attach brief account:**

Certified that the facts produced are correct to the best of my knowledge:-

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of the Applicant**  **CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of the Applicant’s Father/Guardian**  **CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For office Use only**

|  |
| --- |
| **Remarks / Requirements (Scrutiny Committee)** |
|  |

Checked by Members of Scrutiny Committee: Chairman Scrutiny Committee:

**Attach attested photocopies of the following documents with the application form in the following sequence:-**

***Note: Check (√ ) the relevant box for the attached documents***

* Five Passport size coloured photographs of the applicant attested on the back.
* Copy of DMCs/Transcripts and certificates/degree of SSC, HSSC and onward examinations.
* Copy of Degree and Detailed Marks Certificate of all professional examination on the basis of which admission is sought.
* Copy of any other higher relevant qualification.
* Copy of the valid Registration of the relevant council of the professional academic qualification.
* A copy of Computerised National Identity Card.
* A copy of Domicile Certificate *(domicile certificate once submitted with the application form will not be changed)*.
* A copy of computerized National Identity Card of the father/guardian of the applicant.
* A Copy of Professional Resume and Experience certificates.

**IMPORTANT NOTES/INSTRUCTIONS**

1. Applicants not having domicile of Khyber Pakhtunkhwa are not eligible to apply for admission on Khyber Pakhtunkhwa seats.
2. All applicants must appropriately fill and sign the admission form and undertaking. **Incomplete/not properly filled form in any respect will be rejected**. Avoid rewriting/cutting, while filling the form.
3. Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
4. Application forms with any **false statement** by the candidate will be rejected
5. If any certificate submitted by the candidate is found **false, or forged** during his/her **study period** his/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission to any professional colleges in Khyber Pakhtunkhwa. Further legal action can be taken against the student under the existing criminal laws.
6. ***Application form should be submitted KMU Institute of Public Health & Social Sciences, Phase-V Hayatabad Peshawar***

**Page 02 of 02**