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|  | **KHYBER MEDICAL UNIVERSITY**  ***INSTITUE OF HEALTH SCIENCES ISLAMABAD***  **APPLICATION FORM FOR ADMISSION**  ***DOCTOR OF OSTEOPATHY***  **SESSION FALL 2022** | Paste Four photographs |

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

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

**Note:** Please read the instructions given in the admission policy in the prospectus and on the reverse of application form before filling this form. Applicant shall pay **Rs. 3000/-** at the time of submission of Admission form duly deposited in KMU Account No. 0977029551007019 (free online) in any branch of **MCB Bank** and attach the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** | **Name of degree** | **Year of passing** | **Total Marks/CGPA** | **Obtained Marks** | **Name of**  **Board / University** |
| SSC |  |  |  |  |  |
| HSSC |  |  |  |  |  |
| Graduation (16-years) |  |  |  |  |  |
|  |  |  |  |  |  |

**EXPERIENCE**

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

**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** |  |

**For office Use only**

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| **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.***

* Three Passport size coloured photographs of the applicant attested on the back.
* A copy of Computerised National Identity Card of the candidate or Computerized Form B.
* A copy of Computerized National Identity Card of the father/guardian of the applicant.
* A copy of Detail Mark Certificate & Certificate of SSC Examination (Science /equivalent).
* A copy of Detail Mark Certificate & Certificate of HSSC examination or equivalent
* An equivalence certificate from the Inter-Board Committee of Chairmen if the qualifying certificate is from an Institute abroad.
* A copy of consolidated Mark Certificate & degree of graduation (16-years)
* A copy of domicile certificate
* Experience Certificate

**IMPORTANT NOTES/INSTRUCTIONS**

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will be rejected**. Avoid rewriting/cutting, while filling the form.
2. Applicant must carefully study the Admission Policy/Regulations of Khyber Medical University in order to understand the Rules.
3. The domicile, DMC of F.Sc. (Pre-Medical)/Equivalent Examination, SSC and other certificates once submitted with the admission form cannot be changed and shall be considered as final.
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 getting admission to any professional colleges affiliated with KMU.
6. **Application form shall be submitted on due date to the Director KMU Institute of Health Sciences, Islamabad**

**Tel: 051-2240150-2**