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|  | **KHYBER MEDICAL UNIVERSITY****APPLICATION FORM FOR ADMISSION*****UNDERGRADUATE PROGRAMS*****SESSION FALL 2017** | Paste three 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. 2500/- in KMU A/C No. 1450-8,

NBP Hayatabad township branch, Near NADRA office, Phase-V, Hayatabad, Peshawar and attach the

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

**1. Please tick (√) *only one* program applying for.**

**2. Submit separate application forms for applying against more than one program OR discipline.**

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| * **DOCTOR OF PHYSICAL THERAPY (05 YEARS)**
 |
| * **BS OCCUPATIONAL THERAPY (04 YEARS)**
 |
| * **BS IN LANGUAGE AND SPEECH THERAPY (04 YEARS)**
 |
| * **BS NURSING (04 YEARS)**
 |
| * **BS PARAMEDICS (04 Years)** in following Disciplines:-
 | * **BS PARAMEDICS [**Please tick, In-Service Candidates Only**]**
 |
| **Disciplines in****BS PARAMEDICS Program:** | * Anesthesia
 | * Cardiology
 | * Dental
 |
| * Pathology (MLT)
 | * Radiology
 | * Surgical
 |
| * Dialysis
 | * Emergency Care
 | * Intensive Care
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**3. Please tick (√) *only one* against which applying for?**

|  |  |  |
| --- | --- | --- |
| * Open Merit (KP / FATA / PATA)
 | * FATA-IN
 | * Baluchistan
 |

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** | **Attempts** | **Name of****Board / University** |
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**Have you appeared in ETEA Entrance test-2017 for Medical/Dental colleges: ( Yes / No)**, If *yes, please provide the following information:-*

|  |  |  |
| --- | --- | --- |
| **Year** | **ETEA ID** | **Marks Obtained** |
| **2017** |  |  |

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**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.*

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

**For office Use only**

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| **Remarks / Requirements (Scrutiny Committee)** |
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**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 Secondary School Certificate Examination (Science /equivalent).
* Two copies of detailed Marks Certificate of examination on the basis of which admission is sought (F.Sc or equivalent).
* An equivalence certificate from the Inter-Board Committee of Chairmen if the qualifying certificate is from an Institute abroad.
* Two copies of domicile certificate (domicile certificate once submitted with the application form will not be changed).
* A copy of attempt certificate from the concerned BISE, if the period between SSC and F.Sc is more than two sessions.
* Undertaking on judicial stamp paper of Rs. 30/- duly attested by notary public /Political Agent as per specimen given in the prospectus/admission **(*only after getting admission*)**.
* Experience Certificate (as mentioned in the experience section) is for **IN-SERVICE Candidates** **only**.

**IMPORTANT NOTES/INSTRUCTIONS**

1. Candidates 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. The undertaking/agreement must be filled in by the candidate on Judicial Bond of Rs. 30/- and should be duly attested by the Political Agent/First Class Magistrate. The specimen Performa for undertaking is attached with the application form.
4. Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
5. 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. Revision of result or improvement of marks by the board/IBCC after the finalization of merit list shall not affect the merit list of admission of current year in any way. All the above-mentioned certificates issued after the dates fixed for receipt   of application forms shall not be entertained.
6. Application forms with any **false statement** by the candidate will be rejected
7. 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.
8. **Application form shall be submitted on due date to the office of Principal/Director of the concerned institutions at the following address.**

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| **Doctor of Physical Therapy,** **BS Occupational Therapy &****BS in Language & Speech Therapy** | KMU Institute of Physical Medicine and Rehabilitation (IPM&R), 2nd Floor, Academic Block, KMU New Building, Phase-V, Hayatabad, Peshawar, Khyber Pakhtunkhwa, Tel: +92-91-9217266. |
| **BS (Nursing)** | KMU Institute of Nursing Sciences, Street # 9, Sector F1, Near Shalman Park, Phase VI, Hayatabad, Peshawar. Tel: +92-91-5862514. |
| **BS Paramedics** | KMU Institute of Paramedical Sciences, Dauranpur, Peshawar. Tel: 091-2614345, 2614278. |

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