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| **KMUmonogram.PNG****KHYBER MEDICAL UNIVERSITY PESHAWAR****REGISTRATION FOR 5th CONVOCATION, January 13, 2022****Celebrating 15th Foundation Day of the University** |  |
| **Part-I (General and Academic Information)** | Serial Number |  |
| Name (As per Degree): |  | Attach recent Passport Size Picture here |
| Father’s Name: |  |
| Domicile (District):  |  |
| CNIC No. |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  |
| Title of degree: |  | Institute Name |  |
| Registration No: |  |
| **Contacts** |
| Res: | Office: | Cell No. |
| Email ID: |  |
| Address: |  |
|  |
| **Part-II (Fee deposition details)** |
| Convocation Registration Fee (Non Refundable) | Rs.4000/- | Bank Receipt No.  |  | Dated: |  | 12 | 2021 |
| **Part-III (Guests details) Only ONE Parent / Guest allowed** |
| Name (In Block letters): | Guest |
|  |
| Relationship with degree holder: |  |
| CNIC: |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| Contact No. |  |  |  |
| **Note:** 1. Application forms shall be submitted to Mr. Irfan Khattak, IHPE&R-KMU, 1st Floor, academic block, KMU New Building near ICMS College, Phase-5, Hayatabad, Peshawar.
2. Attested photocopies of CNICs (applicants, guests), Last DMC/Degree must be attached with the application form.
3. Registration form duly filled should reach the University latest by 29th December, 2021.
4. Invitation cards for convocation and dinner will be issued to graduates registered for the convocation on the day of rehearsal i.e. January 12, 2022.
5. Fee shall be deposited in MCB, A.C NO: 0977029551007356 Title “Khyber Medical University” Hayatabad Branch at counter or free online deposit/transfer from any MCB branch throughout Pakistan. Deposit Slip available on KMU website.
6. Gowns and Hoods will be available on rent on the day of rehearsal.
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Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part-IV (Application Form Receipt No………)**

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| --- | --- | --- | --- |
| Name: |  | Father Name: |  |
| Degree Title: |  | Registration No: |  |
| Institute: |  | Fee deposited: |  | Receipt No  |  | Date: |

Dealing Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_