Khyber Medical University

Peshawar, Pakistan

**Dairy No………**

**STUDENT APPLICATION FORM**

Name of the Applicant (in BLOCK Letters):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name (in BLOCK Letters):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Examination passed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick the Relevant Portion

|  |
| --- |
| Duplicate DMC [ ]  Lost [ ]  Correction of Particulars Note: for correction of particulars attach the original documents DMCs etc [ ]  First Year [ ]  Annual [ ]  Supply. Year 20\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Second Year [ ]  Annual [ ]  Supply. Year 20\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Third Year [ ]  Annual [ ]  Supply. Year 20\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fourth Year [ ]  Annual [ ]  Supply. Year 20\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Final Year [ ]  Annual [ ]  Supply. Year 20\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_ |

I have deposited Rs…..……. in ………………………..………..…….vide Bank Receipt No………….dated………….. (**attach receipt).**

**(Note: Rs. 1000/DMC for public Sector Medical College Student & Rs. 2000/DMC- for Private Sector Medical College Student)**

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For official use only**

**S.I (S) DCE(S) CE**

**Dairy No………**

**ACKNOWLEDGEMENT (To be filled by applicant)**

Received the DMC duplicate/particular coreection application form of Mr/Mrs…………………………………….S/D/O…………………….……………Reg.No……………………………. Annual/Supply Roll No……………… Fee deposited Rs. ……..….…… in ………………………………vide Bank Receipt No …………Dated …………………

**Note: Please collect your DMC/s from Examination Reception after 7 working days of submission of this Application form**

**Name of Receiver:………………………….Signature………………date………………………..**