



KHYBER MEDICAL UNIVERSITY

APPLICATION FORM FOR ADMISSION TO

1st YEAR BDS

KMU INSTITUTE OF DENTAL SCIENCES, KOHAT

SESSION 2016-17



Serial No: _____

(This form should be filled in BLOCK letters)

Note: Please read the instructions carefully regarding admission policy in the prospectus and mentioned on the second page before filling the form.

Photo

CATEGORY OF SEAT APPLYING FOR:

Subsidized Open Merit (Khyber Pakhtunkhwa, FATA, PATA)

Subsidized (FATA in only)

Semi Subsidized

Note: Candidate applying for any of above categories must tick the box. Unticked box will be considered crossed. The candidate can tick more than one box if he/she desires.

1. Name: _____

(As per SSC (Science) or equivalent certificate in block letters)

2. Date of Birth: ____/____/____ 3. Sex: _____

4. District / Agency of Domicile: _____ Date of Issue of Domicile: _____

5. Father's Name: _____

6. Present Postal Address: _____

7. Permanent Address: _____

8. Phone No (s) Res: _____ Cell: _____ e-mail: _____

9. Have you ever been admitted / studying in any Medical/Dental College in Pakistan. If Yes, mention name of the college: _____

10. Are you Hafiz-e-Quran Yes No

11. EDUCATIONAL QUALIFICATION:

Qualification	Year Passing	Annual / Supply	Roll No	Marks Obtained	Total Marks	Attempt (s)	Board / University
S.S.C (Science or equivalent)							
F.Sc (Pre-Medical) or Equivalent							

12. ENTRY TEST 2016-17

Entry Test ID _____ Marks Obtained _____ Percentage _____

13. Application Processing Fee: Rs. _____ Bank Draft No: _____

Bank Name: _____ Dated: _____

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FOR OFFICE USE ONLY:

