

# Khyber Medical University Peshawar Certificate of Health Professional Education

(Duration: 6 Months)

ADMIS	SION FORM CHPE	E Batch-5 2	020				
Form No (Office	Use only)						
Date of Submission Form	• •						
Note:		_					
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2. Fill the form in Capita	l Letters.						
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NIC:	-		-	]			
Mailing Address:				-			
Permanent Address:							
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Phone:	Cell:						-
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		Emplo	yment Re	cord			
Name of Institutions	Major Responsi	bilities	Po	sition	Dates Emplo	oyed	

Paste a Passport Size Picture Here

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		ould be glued/pasted on admission f	orm)		
	oy of Final Degree		,		
-	py of PMDC/PNC Registra	ation			
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•	e additional page if require	ed.			
3. 4.	Applications should reac due date and time will no Applicant must study the Application forms with a If any certificate submitt forthwith and he/she she	g/cutting, while filling the form. It office of the Director IHPER-K of the entertained for admission. It e Admission Policy of Khyber Mediany false statement by the candidated by the candidate is found false all be blacklisted for admission to the under the existing criminal laws.	lical University. ate will be rejected e, or forget during his/her study o any professional colleges/instit	period his/her admission	shall be cancelled
Cert	tified that the facts pro	duced are correct to the best	of my knowledge.		
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		ealing Assistant:			

Khyber Medical University, Phase V, Hayatabad, Peshawar, Khyber Pakhtunkhwa, Pakistan website: www.kmu.edu.pk

#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited Account No** 



#### 0977029551007356

(Bank Copy)

**Students Fee Only** 

Name.
Father's Name:
Institute: Institute of Health Professions
Education & Research (IHPER)-KMU
Registration No: Fresh Candidate
Purpose of Deposit: <u>Application</u>
processing fee
Semester/Year: Fresh
Contact No
ID: <u>Nil</u>
Amount Payable: <b>Rs. 3000/</b> -

In Words: Three Thousand PKR

Due Date: 24-07-2020

#### **Bank Authorized Signature with Stamp:** Note:

- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- > All columns are mandatory

#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited Account No** 



#### 0977029551007356

#### (KMU Account Section Copy)

**Students Fee Only** 

Name:		
Father's Nam	e:	
Institute: Inst	itute of Healt	h Professions
Education & F	Research (IHPE	R)-KMU
Registration N	lo: <b>Fresh Cand</b>	<u>lidate</u>
Purpose of	f Deposit:	Application
processing fe	<u>e</u>	
Semester/Yea	ır: <b>Fresh</b>	
Contact No		
ID: <u>Nil</u>		
Amount Paya	ble: <b>Rs. 3000/</b> -	<u>.</u>

In Words: Three Thousand PKR Due Date: 24-07-2020

#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited Account No** 



#### 0977029551007356

(IHPER Copy)

**Students Fee Only** 

Name:	
Father's Name:	
Institute: Institute of Health	<u>Professions</u>
Education & Research (IHPE	R)-KMU
Registration No: Fresh Candi	<u>date</u>
Purpose of Deposit:	<b>Application</b>
processing fee	
Semester/Year: Fresh	
Contact No	
ID: <u>Nil</u>	
Amount Payable: Rs. 3000/-	

## Due Date: 24-07-2020

In Words: Three Thousand PKR

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- > All columns are mandatory

#### **Khyber Medical University Peshawar**



Nama

Fee Slip **MCB Bank Limited** Account No



#### 0977029551007356

(Student Copy)

**Students Fee Only** 

Name.
Father's Name:
Institute: Institute of Health Professions
Education & Research (IHPER)-KMU
Registration No: Fresh Candidate
Purpose of Deposit: Application
processing fee
Semester/Year: Fresh
Contact No
ID: <u>Nil</u>
Amount Payable: Rs. 3000/-

In Words: Three Thousand PKR

Due Date: 24-07-2020

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#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited Account No** 



Fee Slip **MCB Bank Limited Account No** 



#### 0977029551007356

### (Bank Copy)

**Students Fee Only** 

Name:
Father's Name:
Institute: Institute of Health Professions
Education & Research (IHPER)-KMU
Registration No: Fresh Candidate
Purpose of Deposit: Application
processing fee for those who already
submitted Rs. 2500/-
Semester/Year: Fresh
Contact No
ID: <u>Nil</u>

Amount Payable: Rs. 500/-

In Words: Five Hundred PKR

Due Date: 24-07-2020

#### Bank Authorized Signature with Stamp: Note:

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- > All columns are mandatory

#### **Khyber Medical University Peshawar**



#### 0977029551007356

#### (KMU Account Section Copy)

**Students Fee Only** 

Name:
Father's Name:
Institute: Institute of Health Professions
Education & Research (IHPER)-KMU
Registration No: Fresh Candidate
Purpose of Deposit: Application
processing fee for those who already
submitted Rs. 2500/-
Semester/Year: Fresh
Contact No
ID: <b>Nil</b>
Amount Payable: Rs. 500/-

In Words: Five Hundred PKR Due Date: 24-07-2020

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#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited Account No** 



#### 0977029551007356

#### (IHPER Copy)

**Students Fee Only** 

Name:
Father's Name:
Institute: Institute of Health Professions
Education & Research (IHPER)-KMU
Registration No: Fresh Candidate
Purpose of Deposit: Application
processing fee for those who already
submitted Rs. 2500/-
Semester/Year: Fresh
Contact No
ID: <u>Nil</u>

Amount Payable: Rs. 500/-In Words: Five Hundred PKR Due Date: 24-07-2020

#### **Khyber Medical University Peshawar**



Fee Slip **MCB Bank Limited** Account No



#### 0977029551007356

## (Student Copy)

**Students Fee Only** 

Name:			
Father's Name:			
Institute: Institute of Health Professions			
Education & Research (IHPER)-KMU			
Registration No: Fresh Candidate			
Purpose of Deposit: Application			
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submitted Rs. 2500/-			
Semester/Year: Fresh			
Contact No			
ID: Nil			
Amount Payable: Rs. 500/-			

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