

Form. No. _____
Application Form for Admission
Masters in Health Professions Education
10th Batch (Session 2020-2022)

Name: _____ Father Name: _____

Date of Birth (dd/mm/yyyy): _____ Gender: _____

Domicile: _____ CNIC No.: _____ Nationality: _____

Mailing Address: _____

Landline: _____ Cell: _____ Email: _____

Permanent Home Address: _____

Application Processing Fee: Rs 3000/- Receipt No: _____ Dated: _____

Educational Record:

Certificate/ Degree	Name of Board/ University	Subject with year of passing	Obtained / Total Marks	% Marks / CGPA
Matriculation				
Intermediate				
Bachelors				
Any other				

Continuing Professional Development:

Type of Training	Name of Institution	Period From - To

Research Presentations/Publications (Relevant):

Attach copy of the enlisted publications (first page only)

Title of Research Paper/Presentation	Name of Journal/Conference	Principal/Co-author	Date

*Attach additional sheet (if required)***Employment Record:**

Designation	Job Description (Teaching / Research /Admin)	Name of Institution	Period From - To

I hereby declare that all the information above and documents furnished along-with it are true to the best of my knowledge.

Signature of the Applicant

Dated: _____ / _____ /2020



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: Application processing fee

Semester/Year: Fresh

Contact No. ____ - ____ - ____

ID: Nil

Amount Payable: Rs. 3000/-

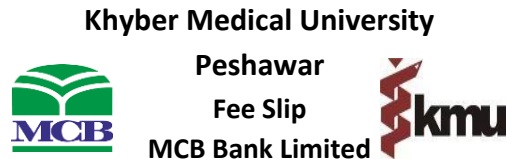
In Words: Three Thousand PKR

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

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(KMU Account Section Copy)

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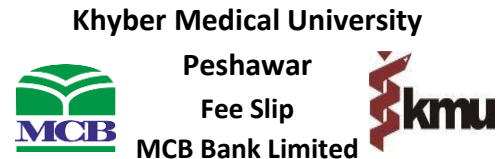
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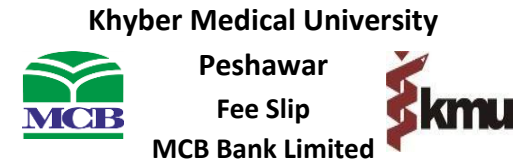
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