

KHYBER MEDICAL UNIVERSITY
Office of Director (Academics & Admission)
REGISTRATION FOR 2ND CONVOCATION, 2016

S. No. _____

Name: _____

(As per Degree)

Father's Name: _____

Name of Degree Program: _____

Completed

Registration No: _____

Phone No: Res: _____ Office: _____ Mobile No: _____

Residential Address: _____

Email address: _____

Present Official Status: _____

Address: _____

(PART-II)

Registration/Degree Fee: Rs. 3000/- **Bank Challan No.** _____ **Dated:** _____

Non Refundable

(PART-III Guest Details)

	Guest-1	Guest-2
Name of Parents/Spouse Husband (In Block letters)		
CNIC No. (Parents/ Spouse) (Attached Photocopy of CNIC)		
Relationship		
Contact No.		

Signature: _____

(PART-IV Receipt)

Name: _____

Registration No: _____

Signature: _____

Note: shall be submitted to Dr. Brekhna Jamil, Coordinator, IHPE&R