

Khyber Medical University, Peshawar Institute of Health Professions Education & Research



Form. No	(Office Use Only)
Application Form	for Admission
Diploma in Health Pro	ofessions Education
(Session Spr	ing 2024)

Paste a passport size picture here

Preference : Fa	ace to Face	Online	Э			
Name:	F	Father Name: _				
Date of Birth (dd/mm/	(уууу):	Gen	der:	Domicile	··	
CNIC No.:	1	Nationality:				
Mailing Address:						
Landline: C	Cell #1 (WhatsApp):		Cell #2 (i	f any) : _		
Email ID (In capital le	etters):					
Permanent Home Add	ress:					
Educational Record: Certificate/	Name of Board/	Year of): Marks or CGPA	Total	% age	
Degree	University	passing	Obtained	Marks		
Matriculation Intermediate						
Bachelors						
Masters						
CHPE						
	Aı	ny other				
Employment Record	:					
Designation	Job Descriptio	Job Description (Teaching / Research /Admin)		e of tion	Period From - To	

Attach the attested copies of the following documents with the application form in the following order;

S#	Document Name	Page No.
1.	Copy of your CHPE Certificate	
2.	Two recent passport size colored photographs	
3.	Original bank receipt of the application processing fee.	
4.	Copy of Doctorate Degree (if any)	
5.	Copy of FCPS (if any)	
6.	Copy of Transcript and Master's Degree	
7.	Copy of Transcript and Degrees of MBBS/BDS/other Bachelors programs	
8.	Copy of Transcripts and Certificate of HSSC	
9.	Copy of Transcripts and Certificate of SSC	
10.	Valid registration/membership of the relevant professional regulatory bodies	
	(PM&DC, PNC, Pharmacy Council etc).	
11.	A copy of Computerized National Identity Card	
12.	A copy of Domicile Certificate	
13.	Prior NOC (for KMU Employees and faculty members)	

Important Notes/Instructions

- 1. All applicants must appropriately fill and sign the admission form and undertaking.
- 2. Incomplete/Inaccurate forms in any respect will be rejected.
- 3. Applicant must carefully study the Admission Policy of Khyber Medical University from Latest Prospectus (available on www.kmu.edu.pk) in order to understand the rules.
- 4. Application forms with any false statement by the applicant will be rejected.
- 5. If any document submitted by the applicant is found false or forged, his/her admission shall be cancelled forthwith and s/he shall be blacklisted for admission to any professional college or Higher Education Institution in the country. Further legal action can also be taken.
- 6. The complete forms along with the attested copies of all the documents should reach the office of Institute of Health Professions Education, 1st floor of Daud Khan Academic Block, KMU Road, Khyber Medical University, Hayatabad Phase-5, Peshawar, on or before the due date. Forms received after the due date will not be entertained.
- 7. The University/Scrutiny committee reserves the right to modify policies any time and reject any or all applications without assigning any reason whatsoever.

Certificate

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:/2024					
XXXXX	XXX	xxxxxxxxxx	XXXXXXXX	XXXXXXXXX	•	ut here)xxxxx No.	XXXX	xxxxxxxx	xxxxxxx	xxxxxx	XXXX
	h0	undersigned	hereby	received		application	for	Session	Spring	2024	from
I, th	IC	\mathcal{E}									

Assistant Director IHPER-KMU