Khyber Medical University, Peshawar

**Form. No. (Office Use Only) Application Form for Admission**

Paste a passport size picture here

**Program Applied FOR**

**Certificate in Aesthetic Medicine**

**Diploma in Aesthetic Medicine**

**( Session Fall 2023-2024)**

Name: Father Name:

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

CNIC No.: Nationality:

Mailing Address: Landline: Cell #1 : Cell #2 (WhatsApp) :

Email ID-1 (In capital letters):

Email ID-2 (In capital letters if any):

Permanent Home Address:

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

**Educational Record:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate/ Degree**  **Due to lake of Sheets can be attached to this documents** | **Name of Board/ University** | **Subject with year of passing** | **Obtained**  **/ Total Marks** | **% Marks**  **/ CGPA** |
| Matriculation |  |  |  |  |
| Intermediate |  |  |  |  |
| Bachelors |  |  |  |  |
| Any other |  |  |  |  |
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**Continuing Professional Development:**

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| --- | --- | --- |
| **Type of Training** | **Name of Institution** | **Period From - To** |
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## Research Presentations/Publications (Relevant):

Attach copy of the enlisted publications (first page only)

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| --- | --- | --- | --- |
| **Title of Research Paper/Presentation** | **Name of Journal/ Conference** | **Principal/ Co-author** | **Date** |
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*Attach additional sheet (if required)*

## Employment Record:

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| --- | --- | --- | --- |
| **Designation** | **Job Description (Teaching / Research /Admin)** | **Name of Institution** | **Period From - To** |
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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: / /2023

**For office use only**

|  |
| --- |
| **Remarks/Requirements (Scrutiny Committee)** |
|  |
| **Checked by:** |

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

**Note: Check (√) the relevant box for attached documents**

* Three recent passport size colored photographs of the applicant attested on the back. Paste one on the form and attached remaining two with stapler.
* Original bank receipt of the application processing fee.
* A copy of transcripts/degrees of SSC, HSSC, Bachelors, Masters and other relevant qualifications.
* A copy of experience Certificates to support employment records.
* A copy of the valid registration/membership of the relevant professional regulatory bodies.
* A copy of Computerized National Identity Card
* A statement of purpose (Max 1000 words)
* **Prior** NOC (for KMU employees and for any other Government employee Prior NOC are required)

### Important Notes/Instructions

1. All applicants must appropriately fill and sign the admission form and undertaking. Incomplete/Inaccurate forms in any respect will be rejected.
2. 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.
3. Application forms with any false statement by the applicant will be rejected.
4. 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.
5. The statement of purpose should answer the following questions: Briefly describe your professional background? Why you want to join this programme? Why you should be chosen above other applicants? What are your career goals after completion of **Diploma & Certificate in Aesthetic Medicine**? What interests you about Masters in health professions education?
6. The complete forms along with the attested copies of all the documents should reach the office of Institute of Public Health - 2nd floor, 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.

**xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (cut here)xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx**

# Form-No.

I, the undersigned hereby received **Diploma & Certificate in Aesthetic Medicine** application form for Fall Session 2023

S/D/W of on

/ /2023 with the desired documents attached (checked and verified).

### Office Manager

Signature