KHYBER MEDICAL UNIVERSITY PESHAWAR

CERTIFICATE IN BIOMEDICAL ETHICS

(TWO SESSIONS), 06 MONTHS DURATION)

ADMISSION FORM

IPH&SS Institute of Public Health and Social Sciences

Paste a Passport Size Picture Here

Form No._____(Office Use only)

Date of Submission Form:____/____/_____

Note:

1. ***Please read the instructions given in the admission policy in the prospectus before filling this form:***
2. ***Fill the form in Capital Letters.***

Name:_____ ***Father's Name***_____

Date of birth (dd/mm/yy):__/__/_____***Gender: M*** ☐ ***F*** ☐ ***Domicile:***_____***Nationality:***_____

CNIC: | | | | | | - | | | | | | | | - | |

Mailing Address:_____

_____

Permanent Address:_____

_____

Phone (Res): _____***Cell #:***_____***Email:***_____***Passport #:***_____

In case of emergency please contact:

Name:_____***Address:***_____

_____

Phone:_____***Cell:***_____

ACADEMIC QUALIFICATIONS							
Name of Institutions	***City, Country***	***Dates Received***		***Degree Received***	***Marks Obtained***	***Total Marks***	***%***

Employment Record				
Name of Institutions	***Major Responsibilities***	***Position***	***Dates Employed***	

IMPORTANT NOTE / INSTRUCTIONS

Applicants must attach with the application form the following attested photocopies of the below-mentioned certificates and documents **in the following sequence.** The documents & certificates must be attested by a Gazetted Officer. The stamp of the officer must bear the full name, designation, and current place of duty.

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

- ☐ One passport-size picture (should be glued/pasted on admission form)
- ☐ Copy of Final Degree
- ☐ Copy of valid CNIC

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will be rejected**. Avoid rewriting/cutting while filling the form.
2. Applications should reach the office of the Director, IPH&SS-KMU on or before the closing date and time. Applications received after the due date and time will not be entertained for admission.
3. Applicant must study the Admission Policy of Khyber Medical University.
4. Application forms with any **false statement** by the candidate will be rejected
5. If any certificate submitted by the candidate is found **false, or forget** during his/her **study period** his/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission to any professional colleges/institutions in KHYBER PAKHTUNKHWA. Further legal action can be taken against the student under the existing criminal laws.

DECLARATION

Certified that the facts produced are correct to the best of my knowledge.

Signature of the Applicant:______________

For office use only

Remarks / Requirements

Receipt No. _____________________ **Dated:** ____________________________

Checked by Member of Scrutiny Committee:____

Signature Chairman Scrutiny Committee:_______________

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Received App. Form No. ________ **Bank receipt No.** _______**Amount deposited:** ____________**Dated:** ___/____/______

Checked & Received by Dealing Assistant:____

Signature Dealing office Manager/Assistnat:____________

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007019

(BANK COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Health & Social Sciences (IPH&SS)-KMU**

Registration No.: **Not allotted**

Purpose of Deposit: **Certificate in Biomedical Ethics**

Semester/Year: **Two Contact Sessions**

Contact No. _____

Email ID: _____

Amount Payable: **Rs 36,000/-**

In Words: **Thirty-Six Thousand PKR only**

Due Date:

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

0977029551007019

(KMU TREASURY COPY)

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Father's Name: _____

Institute: **Institute of Public Health & Social Sciences (IPH&SS)-KMU**

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Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007019

(INSTITUTE COPY)

STUDENTS FEE ONLY

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Father's Name: _____

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