FIRST PROFESSIONAL BDS (01)



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No		

		PESHAVVAIN	Roll No			
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Availed/Not availed with sessions		EXAMINATION ADMISSION FORM				
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2		Annual/ Supplementary 20	graph			
3			attested on face side			
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5.		edical) Examination 20(Annual/Supplementary) and obtainedmarks	under Roll No ————			
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	Session(A	ttach DMC).				
7.	Subjects in which to b	e examined:				
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conce	by solemnly declare a	DECLARATION that the particulars given above are correct. In case be responsible for the consequences. Further, I und ation prescribed by the Khyber Medical University, Pe	lertake to abide by the Rules			
Dated_		Signature of student _				
		FOR OFFICE USE ONLY				
	and result checked nd correct.	He/She is Eligible/Ineligible	Allowed/Disallowed			

A.C.E

Dealing Assistant/Supdt.
Remarks (if any)

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D.C.E



Signature of Candidate

KHYBER MEDICAL UNIVERSITY PESHAWAR Ro

Roll No

BDS 1st Professional Annual/Supplementary Examination 20____ SUPERINTINDENT SLIP Paste photo (TO BE FILLED IN BY THE STUDENT) graph To be retained by Suptd. & returned to the attested on Exam. Section after termination of exam] back side University Registration No. N.I.C.NO. Mr./Mrs./Miss Son/Daughter of _____ College for 1st Professional BDS Examination on the dates given in the date sheet to the Centre for Examination at Subjects In which to be examined **Deputy Controller of Examinations Khyber Medical University** Peshawar. Signature of Candidate KHYBER MEDICAL UNIVERSITY **PESHAWAR** Roll No BDS 1st Professional Annual/Supplementary Examination 20____ STUDENT SLIP (TO BE FILLED IN BY THE STUDENT) Paste photo [To be retained by Candidate] graph attested on University Registration No. back side N.I.C.NO. Mr./Mrs./Miss Son/Daughter of _ College for 1st Professional BDS Examination on the dates given in the date sheet to the Centre for Examination at Subjects In which to be examined **Deputy Controller of Examinations**

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Khyber Medical University Peshawar.