

**Roll No**\_\_\_\_\_

**EXAMINATION ADMISSION FORM**  
**FIRST PROFESSIONAL BDS**  
 Annual/ Supplementary 20\_\_\_\_\_

University Registration No. 

College name

- ## DECLARATION

Dated \_\_\_\_\_

Signature of student \_\_\_\_\_

Entries and result checked  
and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt.

A.C.E

D.C.E





# KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No \_\_\_\_\_

BDS 1<sup>st</sup> Professional Annual/Supplementary Examination 20\_\_\_\_\_

## **SUPERINTENDENT SLIP**

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Suptd. & returned to the  
Exam. Section after termination of exam]

Paste photo  
graph  
attested on  
back side

University Registration No.

N.I.C.NO.

Mr./Mrs./Miss \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Of the \_\_\_\_\_  
College for 1<sup>st</sup> Professional BDS Examination on the dates given in the date sheet to the Centre for

Examination at \_\_\_\_\_

Subjects In which to be examined

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Deputy Controller of Examinations  
Khyber Medical University  
Peshawar.

Signature of Candidate \_\_\_\_\_



# KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No \_\_\_\_\_

BDS 1<sup>st</sup> Professional Annual/Supplementary Examination 20\_\_\_\_\_

## **STUDENT SLIP**

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Candidate]

Paste photo  
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back side

University Registration No.

N.I.C.NO.

Mr./Mrs./Miss \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Of the \_\_\_\_\_  
College for 1<sup>st</sup> Professional BDS Examination on the dates given in the date sheet to the Centre for

Examination at \_\_\_\_\_

Subjects In which to be examined

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Deputy Controller of Examinations  
Khyber Medical University  
Peshawar.

Signature of Candidate \_\_\_\_\_