

KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

| No of chances Availed/Not availed with sessions | |
|-------------------------------------------------------|----------------|
| Chances | R. No./Session |
| 1 | |
| 2 | |
| 3 | |

EXAMINATION ADMISSION FORM FOURTH PROFESSIONAL MBBS Annual/ Supplementary 20_____

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face side

University Registration No. _____

College name _____

1. Name (IN BLOCK LETTERS) _____ Gender _____

2. Father's Name (IN BLOCK LETTERS) _____

3. CNIC No. _____

4. Permanent address _____
Phone No _____

5. Passed F. Sc (Pre-Medical) Examination 20____(Annual/Supplementary) under Roll No _____
from B.I.S.E _____ and obtained _____ marks
(Attach DMC).

6. Appeared last time in MBBS 4th Professional Annual/Supply Examination under Roll No _____
Session _____ (Attach DMC).

7. Subjects in which to be examined:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

DECLARATION

I hereby solemnly declare that the particulars given above are correct. In case of any wrong information or concealment of facts I shall be responsible for the consequences. Further, I undertake to abide by the Rules and Regulations of Examination prescribed by the Khyber Medical University, Peshawar.

Dated _____

Signature of student _____

FOR OFFICE USE ONLY

Entries and result checked
and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt.

A.C.E

D.C.E

Remarks (if any)

CERTIFICATE

1. I certify that the candidate has fulfilled the conditions laid down in the rules, that he/she is of good moral character; that he/she has signed this application: and his/her particulars over-leaf are correct.
2. I certify that he/she completed the course of lectures, practical, demonstrations, clinical work etc. as prescribed in the regulations.
3. He/She has remitted Rs..... (Rupees in words)

Vide Bank Draft No..... Dated..... as Examination Admission Fee (attached).

Note: - All documents including Bank Draft to be attached here.

Principal

Signature _____

Name of College _____

Office Seal _____

Remarks if any:

INSTRUCTIONS: (TO BE READ CAREFULLY)

1. Examination Admission Form duly completed in all respects should reach the controller of Examinations, Khyber Medical University Peshawar on or before the last date notified for the purpose failing which late fee will be charged.
2. Fee once deposited is neither refundable nor adjustable if the candidate is otherwise eligible.
3. Two different Examinations are not allowed in one session of examination.
4. Incomplete forms will not be entertained.
5. All candidates are required to attach three copies of passport size photographs and one copy of National Identity Card /Domicile Certificate duly attested by the principle concerned.
6. Incomplete /unsigned forms will not be entertained and will be returned at the cost/risk of the candidate.
7. Admission fee remitted through money order/cheque will not be accepted.
8. No student is eligible for a university examination without having attended 75% of the lectures, demonstrations, tutorials, and practical or clinical work both inpatient and outpatient.
9. Whatever may be the system of marking, for all examinations throughout the medical course the percentage of pass marks in each subject will not be less than 50% i.e., 50% in theory and 50% in practical.
10. No grace marks are allowed in any examination.
11. Any student who fails to pass the first professional MBBS Part -I & Part II examination in four chances availed/un-availed after becoming eligible for each examination shall cease to pursue further medical education in Pakistan.

Student Signature _____



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

MBBS 4th 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]

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University Registration No. _____

N.I.C.NO. _____

Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for 4th Professional MBBS Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects In which to be examined

1. _____
2. _____
3. _____
4. _____
5. _____

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate _____



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

MBBS 4th Professional Annual/Supplementary Examination 20_____

STUDENT SLIP

(TO BE FILLED IN BY THE STUDENT)
[To be retained by Candidate]

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attested on
back side

University Registration No. _____

N.I.C.NO. _____

Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for 4th Professional MBBS Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects In which to be examined

1. _____
2. _____
3. _____
4. _____
5. _____

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate _____