KHYBER MEDICAL UNIVERSITY PESHAWAR

Office of Health Professions Education & Research (IHPER)
REGISTRATION FOR 3rd CONVOCATION, 2017



													•							
Part-I (General and Academic Information)												Serial Number								
Name (As per Deg	ree):																			
Father's Name:																				
Domicile (District)	:																Dacto	rocc	ont Dag	ccport
CNIC No.																Paste recent Passpo Size Picture here				
Title of degree:		<u> </u>	<u> </u>	1 1		Insti	tute l	Name							ı					
Registration No:																				
				C	ont	acts														
Res:		Office: Cell No.																		
Email ID:																				
Residential Address:																				
Present Official Status:																				
						En	nplov	ment												
Occupation (if any	Employment Designation:																			
Department:																				
Part-II (Fee depos	ition de	tails)																		
Convocation Regis (Non Refundable)	Fee Rs.2500/- Bank Recei					pt No.	t No. Dated:									2017	7			
Part-III (Guests de	Guest-1							Guest-2												
Name (In Block letters):	ouese i							Guest-2												
Relationship with	degree l	nolder:																		
CNIC:		-					-				-								-	
Contact No.																				
Note: 1. Application forms ICMS College, Pha 2. Attested photocopy	se-5, Haya	atabad, Pe	eshawa	ar.		•										k, KM	U Nev	w Bu	ilding	, near
xxxxxxxxxxXXXXXXXXXXXXXXXXXXXXXXXXXXXX			(XXXX		xxx	xxxx	xxxxx ation Fat	xxxxxx Form :her N	xxxx Re c	Stu xxxxx ceipt	ıdent S xxxxx	Signa	atur	e				xxx	xxxx	_ x
Degree Title:										tration No:						1	Data			
Institute:			Fee							eposited: Receipt N)	Date:			

Dealing Assistant Signature: