FIRST PROFESSIONAL MBBS (01)

 **KHYBER MEDICAL UNIVERSITY**

**PESHAWAR Roll No**

|  |  |
| --- | --- |
| **No of chances**  **Availed/Not availed with sessions** | |
| **Chances** | **R. No./Session** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
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**FOR FRESH CANDIDATES**

University Registration No. College name

## EXAMINATION ADMISSION FORM

## FIRST PROFESSIONALMBBS MB

**Annual/ Supplementary 20**

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#### Name (IN BLOCK LETTERS) Gender

1. Father’s Name (IN BLOCK LETTERS
2. CNIC No.

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1. Permanent address

Phone No

1. Passed F. Sc (Pre-Medical) Examination 20 (Annual/Supplementary) under Roll No

from B.I.S.E and obtained marks (Attach DMC).

1. Appeared last time in MBBS 1st Professional Annual/Supply Examination under Roll No \_\_\_\_\_\_\_\_\_\_\_\_\_

Session (Attach DMC).

1. Subjects in which to be examined:
   1. **Block-A**  **3**. **Block-C**
   2. **Block-B**

**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 He/She is Eligible/Ineligible Allowed/Disallowed and found correct.

Dealing Assistant/Supdt. A.C.E D.C.E

**Remarks** (if any)

# CERTIFICATE

#### 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.

1. 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

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### MBBS 1st Professional Annual/Supplementary Examination 20

**SUPERINTINDENT SLIP**

(**TO BE FILLED IN BY THE STUDENT)**

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

University Registration No. N.I.C.NO.

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Admit Mr./Mrs./Miss Son/Daughter of

Of the College for 1st 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.

Signature of Candidate



University Registration No. N.I.C.NO.

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**Deputy Controller of Examinations Khyber Medical University Peshawar.**

**KHYBER MEDICAL UNIVERSITY**

**PESHAWAR Roll No**

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**MBBMBBS 1st Professional Annual/Supplementary Examination 20\_\_\_\_**

**STUDENT SLIP**

(**TO BE FILLED IN BY THE STUDENT)**

**[To be retained by Candidate]**

Admit Mr./Mrs./Miss

Son/Daughter of

Of the College for 1st 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.

**Deputy Controller of Examinations Khyber Medical University Peshawar.**

Signature of Candidate