Khyber Medical University Peshawar

Certificate of Health Professional Education

(Duration: 6 Months)

ADMISSION FORM CHPE Batch- , 2022

Paste a Passport Size Picture Here

Form No._____ (Office Use only)

Date of Submission Form:____/_____/_____

Note:

1. ***Please read the instructions given in the admission policy in the prospectus and at the back of this application form before filling this form:***
2. ***Fill the form in Capital Letters.***

Name:_____ ***Father's Name***_____

Date of birth (dd/mm/yy):___/____/_____***Gender: M*** ☐ ***F*** ☐ ***Domicile:***_____ ***Nationality:***_____

NIC: | | | | | | - | | | | | | | | | - | |

Mailing Address:_____

_____

Permanent Address:_____

_____

Phone (Res): _____ ***Cell #:***_____ ***Whatsapp #:***_____

Email1 (in capital letters):_____ ***Email2 (in capital letters):***_____

In case of emergency please contact:

Name:_____***Address:***_____

_____

Phone:_____***Cell:***_____

ACADEMIC QUALIFICATIONS

Name of Institutions	*City, Country*	*Dates Received*		*Degree Received*	*Marks Obtained*	*Total Marks*	*%*

Employment Record

Name of Institutions	*Major Responsibilities*	*Position*	*Dates Employed*	

IMPORTANT NOTE / INSTRUCTIONS

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents **in the following sequence.** The documents & certificates must be attested by Gazetted Officer. The stamp of the officer must bear full name, designation and current place of duty.

Note: Check (√) the relevant box for the attached documents.

- ☐ One Passport Size Picture (should be glued/pasted on admission form)
- ☐ Copy of Final Degree
- ☐ Copy of PMDC/PNC Registration
- ☐ Copy of valid CNIC
- ☐ Use additional page if required.

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will be rejected**. Avoid rewriting/cutting, while filling the form.
2. Applications should reach office of the Director IHPER-KMU on or before the closing date and time. Applications received after the due date and time will not be entertained for admission.
3. Applicant must study the Admission Policy of Khyber Medical University.
4. Application forms with any **false statement** by the candidate will be rejected
5. If any certificate submitted by the candidate is found **false, or forget** during his/her **study period** his/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission to any professional colleges/institutions in NWFP. Further legal action can be taken against the student under the existing criminal laws.

DECLARATION

Certified that the facts produced are correct to the best of my knowledge.

Signature of the Applicant:____________

For office Use only

Remarks / Requirements

Receipt No. ___________________ **Dated:** _________________________

Checked by Member of Scrutiny Committee:____

Signature Chairman Scrutiny Committee:_____________

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Received App. Form No. _______ **Bank receipt No.** ______ **Amount deposited:** ___________ **Dated:** ___/____/______

Checked & Received by Dealing Assistant:____

Office Manager:____________