



**KHYBER MEDICAL UNIVERSITY  
 INSTITUTE OF PARAMEDICAL SCIENCES  
 APPLICATION FORM FOR ADMISSION  
**UNDERGRADUATE PROGRAMS**  
 SESSION FALL 2024**

Paste three  
photographs

Serial No. \_\_\_\_\_

*(The form should be filled in BLOCK letters)*

**Note:** Please read the instructions given in the admission policy in the prospectus and on the reverse of application form before filling this form. Applicant shall pay **Rs. 3000/-** at the time of submission of Admission form duly deposited in KMU Account No. 0977029551007356 (free online) in any branch of **MCB Bank** and attach the Original fee receipt at the time of submission of application form. **Must submit Application Form along with all testimonials on or before closing date in the office of The Director, KMU-IPMS, Phase V, Hayatabad, Peshawar.**

1. Please tick (v) program(s) applying for.
2. Submit separate application forms if applying for more than one program(s)/discipline(s).

**BS PARAMEDICS All Campuses (04 Years)** in following disciplines

<b>Disciplines in BS PARAMEDICS Program:</b>	<input type="radio"/> Anesthesia Technology	<input type="radio"/> Cardiology Technology	<input type="radio"/> Cardiac Perfusion Technology
	<input type="radio"/> Dental Technology	<input type="radio"/> Emergency Technology	<input type="radio"/> Health Technology
	<input type="radio"/> MLT	<input type="radio"/> Neurophysiology	<input type="radio"/> Optometry
	<input type="radio"/> Radiology	<input type="radio"/> Renal Dialysis	<input type="radio"/> Respiratory Therapy & ICU
	<input type="radio"/> Surgical		

**3. Please tick (v) only one against which applying for?**

<input type="radio"/> In-Service	<input type="radio"/> FSc (In Technology)	<input type="radio"/> Diploma
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Name: \_\_\_\_\_ Father/Husband Name: \_\_\_\_\_  
 (As per SSC or equivalent certificate in BLOCK letters)

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Male / Female

Domicile: \_\_\_\_\_ CNIC No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact No. (Tel: Res) \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent address: \_\_\_\_\_

**In case of emergency please contact:** Name& Parentage: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Tel: \_\_\_\_\_

Application Processing Fee: Amount: Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

**EDUCATIONAL RECORD:**

Qualification (SSC & onward)	Year of passing	Annual / Supply / Marks Improved	Exam. Roll No	Total Marks	Obtained Marks	Attempts	Name of Board / University

**EXPERIENCE (for In-Service Candidates only):** Experience will be considered valid, only if valid experience certificate is provided at the time of submission of application form. Attach additional Sheet if necessary.

Name of Organization/Institution	Duration		Designation	Job Description
	From	To		

Were you ever involved in criminal proceeding in a Court of Law? If yes, attach brief account: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Applicant's Father/Guardian

\_\_\_\_\_  
CNIC No. \_\_\_\_\_

**For office Use only**

Remarks / Requirements (Scrutiny Committee)

Checked by Members of Scrutiny Committee: \_\_\_\_\_ Chairman Scrutiny Committee: \_\_\_\_\_

**Attach attested photocopies of the following documents with the application form in the following sequence:**



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

- Three Passport size coloured photographs of the applicant attested on the back.
- A copy of Computerised National Identity Card of the candidate or Computerized Form B.
- A copy of Computerized National Identity Card of the father/guardian of the applicant.
- A copy of Detail Mark Certificate & Certificate of SSC Examination (Science /equivalent).
- A copy of Detail Mark Certificate & Certificate of HSSC examination on the basis of which admission is sought (F.Sc or equivalent).
- An equivalence certificate from the Inter-Board Committee of Chairmen if the qualifying certificate is from an Institute abroad.
- A copy of domicile certificate (*domicile certificate once submitted with the application form will not be changed*).
- A copy of attempt certificate from the concerned BISE, if the period between SSC and F.Sc is more than two sessions.
- An undertaking on judicial stamp paper of Rs. 30/- duly attested by notary public /Political Agent as per specimen given in the prospectus/admission (**only after selection/getting admission**).
- Experience Certificate (as mentioned in the experience section) for **IN-SERVICE Candidates only**.
- In-Service candidate must provide NOC from their concern department.

**IMPORTANT NOTES/INSTRUCTIONS**

1. Candidates not having domicile of Khyber Pakhtunkhwa are not eligible to apply for admission on Khyber Pakhtunkhwa seats.
2. All applicants must appropriately fill and sign the admission form and undertaking. **Incomplete/not properly filled form in any respect will be rejected.** Avoid rewriting/cutting, while filling the form.
3. The undertaking/agreement must be filled in by the candidate on Judicial Bond of Rs. 30/- and should be duly attested by the Political Agent/First Class Magistrate. The specimen Performa for undertaking is attached with the application form.
4. Applicant must carefully study the Admission Policy/Regulations of Khyber Medical University in order to understand the Rules.
5. The domicile, DMC of F.Sc. (Pre-Medical)/Equivalent Examination, SSC and other certificates once submitted with the admission form cannot be changed and shall be considered as final. Revision of result or improvement of marks by the board/IBCC after the finalization of merit list shall not affect the merit list of admission of current year in any way. All the above-mentioned certificates issued after the dates fixed for receipt of application forms shall not be entertained.
6. Application forms with any **false statement** by the candidate will be rejected.
7. If any certificate submitted by the candidate is found **false, or forged** during his/her **study period** his/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission to any professional colleges in Khyber Pakhtunkhwa. Further legal action can be taken against the student under the existing criminal laws.
8. **Application form shall be submitted on due date to the office of the Director, Khyber Medical University, Institute of Paramedical Sciences (KMU-IPMS), Phase V, Hayatabad, Peshawar.**

**Khyber Medical University**  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited

Account No  
0977029551007356  
 (Bank Copy)  
 Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

**STUDENT'S/INDIVIDUAL DEPOSITS**

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/ Year \_\_\_\_\_

Contact No. \_\_\_\_\_

Amount Payable Rs. \_\_\_\_\_

In Words Rupees \_\_\_\_\_



Due Date \_\_\_\_\_

Bank Authorized Signature with Stamp

Note:

1. Can be deposited free online in any branch of MCB.
2. All columns must be filled with legible handwriting.
3. All columns are mandatory.

**Khyber Medical University**  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited

Account No  
0977029551007356  
 (Treasury Copy)  
 Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

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Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

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 MCB Bank Limited

Account No  
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 (Institute Copy)  
 Date \_\_\_\_\_

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Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/ Year \_\_\_\_\_

Contact No. \_\_\_\_\_

Amount Payable Rs. \_\_\_\_\_

In Words Rupees \_\_\_\_\_



Due Date \_\_\_\_\_

Bank Authorized Signature with Stamp

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**Khyber Medical University**  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited

Account No  
0977029551007356  
 (KMU Copy)  
 Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

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Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/ Year \_\_\_\_\_

Contact No. \_\_\_\_\_

Amount Payable Rs. \_\_\_\_\_

In Words Rupees \_\_\_\_\_

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