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 Degree):					Paste recent Passport Size Picture here
Father's Name:					
Domicile (District):					
CNIC No.	-		-		
Title of degree:		Institute Name			
Registration No:					

Contacts		
Res:	Office:	Cell No.
Email ID:		
Residential Address:		
Present Official Status:		

Employment			
Occupation (if any)		Designation:	
Department:			

Part-II (Fee deposition details)

Convocation Registration Fee (Non Refundable)	Rs.2500/-	Bank Receipt No.		Dated:			2017

Part-III (Guests details)

	Guest-1	Guest-2
Name (In Block letters):		
Relationship with degree holder:		
CNIC:	- -	- -
Contact No.		

Note:

1. Application forms shall be submitted to Dr. Brekhna Jamil, Coordinator, IHPE&R-KMU, 1st Floor, academic block, KMU New Building near ICMS College, Phase-5, Hayatabad, Peshawar.
2. Attested photocopies of CNICs (applicants, guests), DMC/Degree must be attached with the application form.

Student Signature ____________________

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Part-IV (Application Form Receipt No………)

Name:		Father Name:				
Degree Title:		Registration No:				
Institute:		Fee deposited:		Receipt No		Date:

Dealing Assistant Signature: ____________________