



**KHYBER MEDICAL UNIVERSITY
PESHAWAR**

Roll No _____

**EXAMINATION ADMISSION FORM
FINAL PROFESSIONAL BDS
Annual/ Supplementary 20 _____**

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attested on
face side

First Professional R.No. _____ A/S _____ Session _____ Marks _____

Second Professional R.No. _____ A/S _____ Session _____ Marks _____

Third Professional R.No. _____ A/S _____ Session _____ Marks _____ (Attach DMC)

University Registration No.

College Name:

1. Name (IN BLOCK LETTERS) _____ Gender _____

2. Father's Name (IN BLOCK LETTERS) _____

3. N.I.C.No. - -

4. Permanent address _____

_____ Phone No _____

5. Subjects in which to be examined:

For Compartment:

1. Operative Dentistry
2. Oral Surgery
3. Prosthodontics
4. Orthodontics

1. _____
2. _____
3. _____

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 Candidate _____

FOR OFFICE USE ONLY

Entries and result checked
and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt:

ACE

DCE

Remarks (if any)

CERTIFICATE

1. 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.
2. I certify that he/she completed the course of lectures, practical, demonstrations, clinical work etc.as prescribed in the regulations.
3. I certify that he/she passed the 3rd Professional BDS examination _____ (Annual/Supply) and is eligible to appear in the Final Professional examination.
4. 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 _____



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.

Student Signature _____



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20_____

SUPERINTENDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

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

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face side*

University Registration No.

N.I.C.No.

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Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____ College for BDS Final Professional

Examination on the dates as given in the date sheet to the Centre for Examination at _____

Subjects In which to be examined:

1. _____

2. _____

3. _____

4. _____

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

Signature of Candidate



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20_____

STUDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

[To be retained by the Candidate]

*Paste photo
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attested on
face side*

University Registration No.

N.I.C.No.

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Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____ College for BDS Final Professional

Examination on the dates as given in the date sheet to the Centre for Examination at _____

Subjects In which to be examined:

1. _____

2. _____

3. _____

4. _____

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

Signature of Candidate