



**FINAL PROFESSIONAL MBBS(04)**

**KHYBER MEDICAL UNIVERSITY  
PESHAWAR**

Roll No \_\_\_\_\_

**EXAMINATION ADMISSION FORM  
FINAL PROFESSIONAL MBBS  
Annual/ Supplementary 20\_\_\_\_\_**

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graph attested  
on face side

First Professional Part -I R.No. \_\_\_\_\_ A/S \_\_\_\_\_ Session \_\_\_\_\_ Marks \_\_\_\_\_

First Professional Part -II 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. Appeared for the First time in Final Professional Examination under Roll No \_\_\_\_\_

Session \_\_\_\_\_ (Annual/Supplementary) (Attach DMC).

6. Full Subjects

For Compartment

1. Medicine

1. \_\_\_\_\_

2. Paediatrics

2. \_\_\_\_\_

3. Surgery

3. \_\_\_\_\_

4. Obstetrics & Gynaecology

4. \_\_\_\_\_

5. Ear, Nose & Throat (E.N.T)

5. \_\_\_\_\_

6. Eye (Ophthalmology)

**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 has passed the 3<sup>rd</sup> Professional .....(Annual/Supply) Examination 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 \_\_\_\_\_

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### **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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graph attested  
on face side

University Registration No.

N.I.C.No.

Admit Mr./Mrs./Miss \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Of the \_\_\_\_\_ College for MBBS 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. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

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 IN HIS/HER HAND WRITING)

[To be retained by the Candidate]

Paste photo  
graph attested  
on face side

University Registration No.

N.I.C.No.

Admit Mr./Mrs./Miss \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Of the \_\_\_\_\_ College for MBBS 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. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Deputy Controller of Examinations  
Khyber Medical University  
Peshawar.

\_\_\_\_\_  
Signature of Candidate