



KHYBER MEDICAL UNIVERSITY, PESHAWAR
Institute of Physical Medicine & Rehabilitation



ADMISSION FORM

Master Programs:

- Musculoskeletal Physical Therapy
- Neurological Physical Therapy

Additional Degree Programs:

- Transitional Doctor of Physical Therapy (t-DPT)
- Transitional BS Occupational Therapy (t-BSOT)
- Transitional BS Prosthetics and Orthotics (t-BSP&O)

Paste three
passport size
photographs

Program applied for: _____

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/- 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. Moreover, **separate application form for applying against more than one program.**

Please tick (V) *only one* against which applying for?

<input type="radio"/> Open Merit (KP/FATA/PATA)	<input type="radio"/> FATA	<input type="radio"/> Baluchistan
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1. **NAME:** (in block letters) Mr. /Miss. /Mrs./Dr. _____

2. **FATHER'S NAME:** _____

3. **ADDRESS AND OTHER PARTICULARS:**

(i) For correspondence (interview Call)

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Mobile..... email

(ii) CNIC No: Gender:Province of Domicile:

(iii) Nationality: Marital Status:Date of Birth:

(iv) Amount deposited **Rs:3000/-** Bank...**MCB**... Receipt/Draft No..... Dated

4. **EDUCATION: Commencing from Matriculation or Equivalent Examination.**

S#	Certificate/Degree	Name of Board/University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.					
4.					

5. IMPORTANT NOTES/INSTRUCTIONS

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. Application forms with any false statement by the candidate will be rejected. 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. Application form shall be submitted within due date to the Office of the **Director Khyber Medical University Institute of Physical Medicine & Rehabilitation (IPM&R), Academic Block 2nd floor, Phase V, Hayatabad, Peshawar.**

6. Checklist of required documents attached.

(Please mention the attached documents)

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. <i>(Write page number on the top right corner of the attached documents)</i>
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	
10..		<input type="checkbox"/>	<input type="checkbox"/>	

** Attach additional sheet (if required).*

I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it are true to the best of my knowledge and belief.

Signature of the Candidate

Dated: ____ / ____ / ____