

KHYBER MEDICAL UNIVERSITY
INSTITUTE OF PARAMEDICAL SCIENCES
APPLICATION FORM FOR ADMISSION
UNDERGRADUATE PROGRAMS
SESSION FALL 2025

Serial No. _____

Paste three
photographs

(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.

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

☐ **BS ALLIED HEALTH SCIENCES (04 Years)** in the following programs: -

Programs	☐ BS Anesthesia Technology	☐ BS Surgical Technology	☐ BS Radiology Technology
	☐ BS Dental Technology	☐ BS Medical Lab Technology	

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

☐ In-Service	☐ F.Sc. (in Technology)	☐ Diploma from Medical Faculty
----------------------------------	---	--

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	Public / Private	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 colored photographs of the applicant attested on the back.
- ☐ A copy of Computerized 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 (i.e. F. Sc. Pre-Med or Equivalent).
- ☐ An equivalence certificate from the Inter-Board Committee of Chairmen if the qualifying certificate is from an Institute abroad / Diploma holder. The marks awarded in the equivalence certificate shall be considered for the purpose of eligibility and subsequent merit.
- ☐ 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 duly attested by notary public/Political Agent as per attached specimen (**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 concerned department.

IMPORTANT NOTES/INSTRUCTIONS

- Candidates not having domicile of Khyber Pakhtunkhwa are not eligible to apply for admission on Khyber Pakhtunkhwa seats.
- 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.
- The marks awarded in the equivalence certificate of Inter-Board Committee of Chairman (if qualification is from either abroad or diploma from KP Medical Faculty) shall be considered for the purpose of eligibility and subsequent merit.
- 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.
- Applicant must carefully study the Admission Policy/Regulations of Khyber Medical University in order to understand the Rules.
- 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.
- 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 on or before due date to the office of the Director, KMU Institute of Health Sciences (KMU-IHS Swat), Shahdandh Matta, Swat.**

TO BE FILLED BY ENROLLED STUDENT
(To be submitted to the concern college/Institute)

I, _____ son / daughter of _____ hereby give, the undertaking that I shall abide by this undertaking during my stay in the Khyber Medical University Institute of Paramedical Sciences:-

- i) I also make myself liable to pay any fine imposed/penalty in case of any breach of the above mentioned undertaking.
- ii) I shall not indulge in politics of any type and will not be a member of any political party/ organization/students Federation nor will I attend any meeting or be involved in any Anti state activity in the institute which may result into my expulsion from the college/institute, and that the decision of the Principal/Head/Director in this regard will be final.
- iii) I shall adhere to the Khyber Medical University Code of Conduct to maintain a peaceful environment consistent with the values of community and will apply to all students, staff, faculty and any visiting guests.
- iv) I shall maintain discipline by adhering to the university dress code and display my student ID at all times.
- v) Treat others with dignity and due respect on the campus and not be party to any acts of violence, bullying, harassment, and victimization on the campus refraining from any activity which is subversive of discipline on the campus.
- vi) I understand that any damage to the campus, property and facilities is not allowed and nor are unlawful speeches, slogans, inciting racial hatred, or displaying threatening, abusive or insulting literature.
- vii) I shall refrain from Smoking, use of narcotics or brining any sort of arms to campus.

Deponent

Student Signature: _____
Program: _____
Institute: _____
Semester: _____
Mobile No.: _____
CNIC/Passport: _____
Date: _____

Father's /Guardians

Guardian Signature: _____
Name: _____
Address: _____

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 _____

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
 (Institute 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
 (KMU 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.