

Khyber Medical University, Peshawar Institute of Basic Medical Sciences Admission Form



MPhil leading to PhD & PhD Programme

| Spring/Fa | <u>te:</u> I. Pleas | | ns giver | 2) Discipline (App | | | | | |
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| Perso | nal Detai | <u>ls</u> | | | | | | | |
| Name: Mr/Miss/Mrs | | | | | | | Gender: Male | Female | |
| Father's / Husband Name: | | | | | | | Religion: | | |
| Date of Birth: | | | | Domicile: | | | Nationality: | | |
| CNIC No. | | | - | | | | | | |
| Contact N | lo | | Mob | oile No | | D | _ | ith Department | |
| E-mail Ac | ldress: | | | | | _ | (in case | of employee) | |
| Address | : H.No | Street | No./ | Muhallah | | | | | |
| | P/O | | | Village/City | | | Tehsil | | |
| | | | | Province | | | | | |
| cademic R | | | | | | | | | |
| xamination | Roll No | Year of Passing |] | Board / University | Marks o | btained | Total Marks | Division / Grade | |
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| BBS/BDS | | | | | | | | | |
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| HEC Indige | nous Schola | ar Yes | | NO | PIN# | : | | | |
| Research Ex | xperience ai | nd publications: | | | | | | | |
| | | | | | (Attach list | of publica | tion and experie | nces certificates if any) | |
| certify that | the particuld | ırs given above ar | e corr | ect. I pledge to abide b | y the Rule | es and Re | gulations of th | ne University. | |
| Date: | | | | | Signa | ature:_ | | | |
| For Office Use Only | | | | Admission granted Ye | | Yes | NO | | |
| Member Name | | | | Designation | | | Signature | | |
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