



KHYBER MEDICAL UNIVERSITY  
INSTITUTE OF HEALTH SCIENCES, SWABI  
APPLICATION FORM FOR ADMISSION  
**UNDERGRADUATE PROGRAMS**  
SESSION FALL 2025



Paste three  
photographs

Serial No. \_\_\_\_\_

**(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 | <input type="radio"/> BS Anesthesia Technology  | <input type="radio"/> BS Cardiology Technology |
|          | <input type="radio"/> BS Dental Technology      | <input type="radio"/> BS Health Technology     |
|          | <input type="radio"/> BS Medical Lab Technology | <input type="radio"/> BS Surgical Technology   |
|          | <input type="radio"/> BS Radiology Technology   |                                                |
|          | <input type="radio"/> BS Optometry              |                                                |

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

|                                  |                                             |                                                    |
|----------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="radio"/> In-Service | <input type="radio"/> F.Sc. (in Technology) | <input type="radio"/> 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<br>(SSC & onward) | Year of<br>passing | Annual<br>/ Supply / Marks<br>Improved | Exam.<br>Roll No | Total<br>Marks | Obtained<br>Marks | Attempts | Name of<br>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

1. Candidates not having domicile of Khyber Pakhtunkhwa are not eligible to apply for admission on Khyber Pakhtunkhwa seats.

2. 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.

3. 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.

4. 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.

5. Applicant must carefully study the Admission Policy/Regulations of Khyber Medical University in order to understand the Rules.

6. 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.

7. Application forms with any **false statement** by the candidate will be rejected.

8. 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.

9. **Application form shall be submitted on or before due date to the office of the Director, KMU Institute of Health Sciences (KMU-IHS), Near Bilal Masjid, Jahangira Road Swabi.**

**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# \_\_\_\_\_

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Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

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**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# \_\_\_\_\_

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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

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**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. \_\_\_\_\_

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In Words Rupees \_\_\_\_\_

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