

KHYBER MEDICAL UNIVERSITY PESHAWAR
Office of Director (Academics & Admission)
REGISTRATION FOR 1st CONVOCATION, 2015

S.N:o _____

Photograph

Name:

(As per Degree)

Father's Name:

Name of degree Program:
completed

Registration No.:

Phone No: Res: _____ Office: _____ Mobile No: _____

Residential Address:

Email address:

Present Official Status: _____

Address:

(PART-II)

Registration/Degree Fee:

Rs.3000/-

Bank Challan No. _____
Non Refundable

Dated: _____

(PART-III Guest Details)

	Guest-1	Guest-2
Name of Parents/Spouse Husband (In Block letters)		
CNIC No. (Parents/Spouse) (Attested photocopy of CNIC)		
Relationship		
Contact No.		

Signature: _____

(PART-IV Receipt)

Name: _____

Registration No: _____

Signature: _____

Note: shall be submitted to Dr. Brekhna Jamil, Coordinator, IHPE&R