



KHYBER MEDICAL UNIVERSITY PESHAWAR

EXAMINATION ADMISSION FORM

SEMESTER SYSTEM

Spring/ Fall 20_____

Program

1. Doctor of Physical Therapy (DPT)
2. Master of Physical Therapy (MSPT)
3. BS Nursing (BSN)
4. B.Sc. Post RN
5. M.Sc. (Nursing)
6. B.Sc. MLT (02 Years)
7. Paramedics (Condense)
8. Paramedics (Condense)
9. BS (P&O) Sciences
10. BS Vision Sciences
11. BS Paramedics "Discipline _____"
12. Any Other _____

Paste photo graph attested on face side

University Registration No.

Institute Name Examination Center

1. Name (IN BLOCK LETTERS) _____ Gender _____

2. Father's Name (IN BLOCK LETTERS) _____

3. N.I.C.No. - -

4. Date of Birth: _____ E-mail: _____

5. Permanent address _____

_____ Phone No _____

6. Appeared in last time Sem, Examination under Roll No _____ Session _____ (Spring/Fall).

7. Subjects in which to be examined:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

7. RE-APPEAR (SEMESTER _____)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

DECLARATION

I hereby solemnly declare that the particulars given above are correct .In case of any wrong information or concealment of facts I shall be responsible for the consequences. Further, I undertake to abide by the Rules and Regulations of Examination prescribed by the Khyber Medical University, Peshawar.

Dated _____

Signature of student _____

FOR OFFICE USE ONLY

Entries and result checked and found correct.

He/She is Eligible/Ineligible

Allowed/Disallowed

Dealing Assistant/Supdt.

A.C.E

D.C.E

Remarks (if any)

CERTIFICATE

1. I certify that the candidate has fulfilled the conditions laid down in the rules, that he/she is of good moral character; that he/she has signed this application: and his/her particulars over-leaf are correct.
2. I certify that he/she completed the course of lectures, practical, demonstrations, clinical work etc. as prescribed in the regulations and he/she fulfill the criteria to appear in the exam.
3. He/She has remitted Rs..... (Rupees in ords).....
.....
Vide NBP Draft/University Receipt No.....Dated.....
as Examination Admission Fee (attached).

Note: - All documents including Bank Draft/Bank receipt to be attached here.

Principal

Signature _____

Name of College _____

Office Seal _____

Remarks if any:

INSTRUCTIONS: (TO BE READ CAREFULLY)

1. Examination Admission Form duly completed in all respects should reach the controller of Examinations, Khyber Medical University Peshawar on or before the last date notified for the purpose failing which late fee will be charged.
2. Fee once deposited is neither refundable nor adjustable if the candidate is otherwise eligible.
3. Two different Examinations are not allowed in one session of examination.
4. Incomplete forms will not be entertained.
5. All candidates are required to attach three copies of passport size photographs and one copy of National Identity Card /Domicile Certificate duly attested by the principle concerned.
6. Incomplete /unsigned forms will not be entertained and will be returned at the cost/risk of the candidate.
7. Admission fee remitted through money order/cheque will not be accepted.
8. No student is eligible for a university examination without having attended 75% of the lectures, demonstrations, tutorials, and practical or clinical work both inpatient and outpatient.
9. Whatever may be the system of marking, for all examinations throughout the Semester System the percentage of pass marks in each subject will not be less than 60%.
10. No grace marks are allowed in any examination.

Student Signature _____



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20____

SUPERINTINDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Suptd. & returned to the Exam. Section after termination of exam]

Photograph

University Registration No.

N.I.C.NO.

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for semester Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects in which to be examined:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

RE-APPEAR (SEMESTER _____)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate



KHYBER MEDICAL UNIVERSITY PESHAWAR

Roll No _____

Annual/Supplementary Examination 20____

STUDENT SLIP

(TO BE FILLED IN BY THE STUDENT)

[To be retained by Candidate]

Photograph

University Registration No.

N.I.C.NO.

Admit Mr./Mrs./Miss _____

Son/Daughter of _____

Of the _____

College for Semester Examination on the dates given in the date sheet to the Centre for

Examination at _____

Subjects in which to be examined:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

RE-APPEAR (SEMESTER _____)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Deputy Controller of Examinations
Khyber Medical University
Peshawar.

Signature of Candidate

AFFIDAVIT

I Mr./Ms _____ son/daughter of _____
Discipline _____ Batch _____ CNIC No: _____
do hereby solemnly undertake to abide by the following code of conduct.

1. I undertake that during my stay in the Ahmad Medical Institute Peshawar, I shall diligently apply myself wholeheartedly to acquire knowledge and develop the skills necessary for the application and advancement of the field of study in which I am enrolled.
2. I undertake that I shall maintain identity as a student of the Ahmad Medical Institute and will follow the uniform prescribed by the Institute.
3. I undertake that I will abide by the discipline, rules, regulations and instructions of the **Ahmad Medical Institute as well as the affiliated authorities (such as HERA, KMU, BISEP, FPMA)** as enforced at present and made from time to time by the Institute authorities in future.
4. I undertake that I will concern myself only with the academic activities and such extracurricular activities, which are allowed by the Ahmad Medical Institute for the healthy growth of body and mind.
5. I undertake that I will not take part in any political activity or agitation and I will not become a member of any student wing of political, sectarian or caste-based parties of Pakistan.
6. I undertake that in matters of discipline, the decision of the Administrator/Principal/Principal Officer will be final and binding on me and I will not challenge that decision in any court of law in the country.
7. I undertake that I will be regular in paying Institute dues/tuition fees, examination fees and any other dues within the stipulated time as required by the Institute authorities failing which I will not be permitted to attend the classes.
8. I undertake that I will be punctual in attending my classes and secure attendance of not less than 75% in each subject as stipulated by Institute. I will not absent myself from teaching programs/classes consecutively 3 days without prior permission of the authority.
9. I undertake the refrain from doing anything which may cause injury or insult to the Head of the Institute, teachers, officer, administrative staff and students of the institution.
10. I undertake that I will not bring or keep any type of weapons within the university premises. I will also avoid damaging university property, including building, equipment's, vehicles etc. in any manner.
11. I undertake that I will not apply for change in discipline/program in any semester.
12. I undertake that so long as I am a student of the Ahmad Medical Institute, I will do nothing either inside or outside the campus, hostels and hospital premises that may interfere with its orderly administration and discipline or may bring the Institute administration into disrepute.
13. I undertake that I will not contact affiliated/registration authorities such as HERA, KMU, BISEP, FPMA and concerned Hospitals without prior permission in written of AMI administration.
14. I undertake that I will not be involved in any gender-related and sexual harassment nor other sexual violence at the Institute.

If I violate the above affidavit I shall be liable to appropriate punishment(s)/expulsion from the Institute.

(Name & Signature of the Father/Guardian)
(CNIC No: _____)

(Name & Signature of the Student)
(CNIC No: _____)

Witness-1

Signature: _____

Name: _____

CNIC NO: _____

Address: _____

S/O _____

Designation: _____



AHMAD MEDICAL INSTITUTE

Street Alfalah, Arbab Road Stop, Main University Road, Peshawar.

Ph. 091-5702201-2, Mob: 03350560499

Website: www.ami.edu.pk Email: hr@ami.edu.pk

Clearance Form

Date _____

Name: _____

Father's Name: _____

Department: _____

Semester: _____

Applicant's Signature

S. No.	Department	Cleared		Signature
1	Finance	Yes	No	
2	IT Lab	Yes	No	
3	Concern Labs	Yes	No	
4	Library	Yes	No	
5	Canteen	Yes	No	
6	In-charge Concern Department	Yes	No	

To be fill by teacher

S.no	Subject	Teacher Signature
1	Subject: 1 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	
2	Subject: 2 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	
3	Subject: 3 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	

4	Subject: 4 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	
5	Subject: 5 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	
6	Subject: 6 _____ Attendance %: _____ Assignment Marks: _____ / _____ Internal Test marks: _____ / _____ Presentation Marks: _____ / _____	

Assistant Director (Academics)
Ahmad Medical Institute Peshawar.

Principal
Ahmad Medical Institute Peshawar.

CEO
Ahmad Medical Institute Peshawar.