



KHYBER MEDICAL UNIVERSITY
APPLICATION FORM FOR ADMISSION
B.SC. NURSING POST RN (02 YEARS) PROGRAM
SESSION FALL 2025

Paste three
photographs

Form No. _____ (For office use only)

(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/- in KMU Account No. 0977029551007019 (free online) in any branch of **MCB Bank** and attach the Original fee receipt at the time of submission of application form.

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	Name of Board / University
SSC						

EXPERIENCE: 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	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 coloured photographs of the applicant attested on the back.
- ☐ A copy of Computerised National Identity Card of the candidate.
- ☐ A copy of computerized National Identity Card of the father/guardian of the applicant.
- ☐ Two copies of domicile certificate (domicile certificate once submitted with the application form will not be changed).
- ☐ Copy of Transcript and Certificate of Secondary School Examination (Science /equivalent).
- ☐ Copy of Transcript and Certificate of Higher Secondary School Examination (Science /equivalent).
- ☐ Copy (s) of DMCs and diploma in General Nursing attested by the respective Examination Board.
- ☐ Copy (s) of DMCs and diploma in midwifery/Any Specialty, attested by the respective Examination Board.
- ☐ Copy of valid PNC Registration.
- ☐ Experience Certificate (as mentioned in the experience section).
- ☐ Undertaking on judicial stamp paper of Rs. 30/- duly attested by notary public / Political Agent as per specimen given in the prospectus/admission (**only after getting admission**).

IMPORTANT NOTES/INSTRUCTIONS

1. 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.
2. 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.
3. Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
4. The domicile once submitted with the admission form cannot be changed and shall be considered as final.
5. Application forms with any **false statement** by the candidate will be rejected
6. 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.
7. **Application form shall be submitted on due date to the Office of the Director, KМУ Institute of Nursing Sciences, Phase 5, Hayatabad, Peshawar. Tel: +92-91-9217098**

Khyber Medical University
Fee Slip
MCB Bank Limited



Account No

0977029551007019

(Bank Copy)

STUDENTS FEE ONLY



Account No

0977029551007019

(KMU Treasury Copy)

STUDENTS FEE ONLY

Name	
Father's Name	
Institute	
Registration No.	
Purpose of Deposit	Post RN Admission Fee
Semester/Year	
Contact No.	
ID:	
Amount payable	Three Thousand Only
In words	3000/-
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
Fee Slip
MCB Bank Limited



Account No

0977029551007019

(KMU Treasury Copy)

STUDENTS FEE ONLY

Name	
Father's Name	
Institute	
Registration No.	
Purpose of Deposit	Post RN Admission Fee
Semester/Year	
Contact No.	
ID:	
Amount payable	Three Thousand Only
In words	3000/-
Due date	

Bank authorized signature with stamp

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3. All columns are mandatory

Khyber Medical University
Fee Slip
MCB Bank Limited



Account No

0977029551007019

(Institute Copy)

STUDENTS FEE ONLY

Name	
Father's Name	
Institute	
Registration No.	
Purpose of Deposit	Post RN Admission Fee
Semester/Year	
Contact No.	
ID:	
Amount payable	Three Thousand Only
In words	3000/-
Due date	

Bank authorized signature with stamp

Note:

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2. All columns must be filled with legible handwriting
3. All columns are mandatory

Khyber Medical University
Fee Slip
MCB Bank Limited



Account No

0977029551007019

(Student Copy)

STUDENTS FEE ONLY

Name	
Father's Name	
Institute	
Registration No.	
Purpose of Deposit	Post RN Admission Fee
Semester/Year	
Contact No.	
ID:	
Amount payable	Three Thousand Only
In words	3000/-
Due date	

Bank authorized signature with stamp

Note:

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2. All columns must be filled with legible handwriting
3. All columns are mandatory