



KHYBER MEDICAL UNIVERSITY, PESHAWAR
Application Form for Award of Degree

Paste Recent
Coloured
Photograph

University Registration No:

Title of Degree:

1. Name (In block letters).....
2. Father's Name (In block letters).....
3. Name of Examination passed Roll No.
Year/Session..... Annual/Supply.....
4. Institution attended:
5. Permanent address:
.....Phone No.....
6. C. N.I.C.NO

I have completed all the requirements for award of degree and have deposited Rs..... in
.....vide Bank Receipt No.....dated.....
(Attached original Bank Receipt)

(Head of Institute/Principal/Vice Principal)

Signature _____

Name _____

Signature of the Candidate

Office Seal _____

Entries Checked by

FOR OFFICE USE ONLY

S.I.E

ACE

DCE

Controller of Examinations

ACKNOWLEDGEMENT

Received the degree application form of Mr/Miss.....
S/D/O.....Reg.No.....
Session..... Annual/Supply Roll No..... Fee deposited Rs. in
vide Bank Receipt NoDated

Note: The applicant must produce his/her original CNIC at the time of collection of degree.

IMPORTANT NOTE:

The applicant must read the instructions on the reverse of the application form carefully before submitting the form in the office.

Section Incharge
(Degree & Registration)
Examination Department

INSTRUCTIONS FOR THE STUDENTS

A. For Original Degree (Requirements)


- i. Form must be signed and duly stamped from the concerned Principal/Head of Institution.
- ii. Copy of DMC/Transcript of the last passed Examination.
- iii. Copy of CNIC.
- iv. Passport size Colored Photograph.
- v. Original Bank Receipt (Fee receipt can be downloaded /printed from KMU website www.kmu.edu.pk and submit it any MCB branch).
- vi. Account No. **0977029551007356**

B. For Duplicate Degree (Requirements)

- i. Copy of Original Degree (if available).
 - ii. Copy of DMC/Transcript of the last passed Examination.
 - iii. Cutting of any national newspaper (in original) to show the where the missing report of the degree/document is published.
 - iv. **Roznamcha**/Missing Report (in original) from the concerned police station.
 - v. Copy of CNIC.
 - vi. Affidavit (in original) mentioning the details of the missing degree/documents.
 - vii. Original Bank Receipt (Fee receipt can be downloaded /printed from KMU website www.kmu.edu.pk and submit it any MCB branch).
 - viii. Account No. **0977029551007356**
- ❖ This office will not be held responsible for delay in preparation of degree beyond the stipulated period of time due to unavoidable circumstances.
- ❖ The applicant must submit the prescribed form, completed in all respect, in official timing to the degree section KMU.
- ❖ In case of short coming /correction in particulars the date of application form shall be counted from when the objection is rectified.
- ❖ **The applicant must produce his/her original CNIC at the time of collection of degree.**

Fee Schedule

Category	Issuance Period	Original Degree	Duplicate Degree	Urgent Degree
Degree Fee	25 working days	Rs. 3500/-	Rs. 3500/-	5000/-
Verification Fee	7 working days	Rs. 1000/-	Rs. 1000/-	1000/-

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# _____

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

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3. All columns are mandatory.

Khyber Medical University
Affiliated Inst/Colleges Fee Slip
 MCB Bank Limited 
 Account No
0977029551007356
(Institute/Student 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

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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 _____
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