



KHYBER MEDICAL UNIVERSITY PESHAWAR

APPLICATION FORM FOR AWARD OF TRANSCRIPT

SEMESTER SYSTEM

Program (Please ✓)

- 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. M.Sc Child Health
- 12. BS Paramedics "Discipline" _____
- 13. M.Phil "Discipline" _____
- 14. Ph.D "Discipline" _____
- 15. Any Other _____

Paste photo graph attested on face side

University Registration No: _____

Title of Transcript: _____

1. Name (In block letters) _____

2. Father's Name (In block letters) _____

3. C.N.I.C #: _____ (Attach Attested Copy)

4. Passport No. (only for Foreign Students) _____

5. Date of Birth _____ Date of Admission _____

6. Name of Institute / Campus/ College _____

7. Name of Examination Passed _____ Roll No. _____

Year/Session _____ (Fall/Spring) _____ Result deceleration Date _____

8. I have completed all the requirements for award of Transcript and have deposited Rs. _____ in _____ vide Bank Receipt No _____ dated _____ (Receipt attached).

Signature of the Candidate

(Head of Institute/Principal/Vice Principal)

Name _____ Signature _____ Office Seal _____

Entries Checked by _____ **FOR OFFICE USE ONLY**

Section Incharge (SS) _____ Assistant Controller (SS) _____ Deputy Controller (SS) _____

ACKNOWLEDGEMENT (To be filled by applicant)

Received the degree application form of Mr/Mrs _____

S/D/O _____ Reg.No _____

Session _____ Roll No _____ Fee deposited Rs. _____

NBP Hayatabad branch vide Bank Receipt No _____ Dated _____

Note: Only the concerned applicant can collect his/her Transcript on the production of original Transcript receipt, CNIC Copy/ Original.

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

(SEMESTER SYSTEM)
Khyber Medical University,
Peshawar.