



Admission Fee Rs. 3000/-

FACULTY OF PARAMEDICAL AND ALLIED HEALTH
SCINCES, (FPMA) KHYBAR PAKHTUNKHWA

Admission form for the

Roll No. _____

Examination _____

(Please write Name of Examination e.g Dispenser. etc)

IMPORTANT NOTE (1) Every applicant must carefully read and fully complete this application Form Incomplete or ineligible Form or is not accompanied by the Documents mentioned herein. May be rejected. If a column is not applicable. it should be replied as such whether a reply is yes or no. the same be written.

(ii) Photo (recent and other documents must be attached

To,

The Chief Executive Officer,
Faculty of Paramedical and allied Health Sciences,
Khyber Pakhtunkhwa.

Sir,

I request permission to present my self at Ensuing. Examination to be held by the KPK Faculty of Paramedical and Allied Health Sciences Peshawar, and declare that all the Particulars given by me in this form are correct And that incase of any difficulty arising out of Inaccuracy therein. I shall be responsible for the Consequences and that I shall abide by all the Rules. Regulation and the decision made by you which shall be binding on me.

Passport size photograph

(Total 4 photos Three attested on Face side and one on backside with Name of Candidate and that of his/her father clearly written attested by Med Supd: A.S/DMS/Principal Concerned one face side attested photo be should be attached here)

PASTED HERE

NAME OF CANDIDATES.

(As in Metric Certificate) In English _____ In Urdu _____

2 **FATHER NAME** In English _____ In Urdu _____

The spelling of Names must be as in Matric Certificate issue by the Board (BISE) otherwise the applicant may be penalized. by rejection or fine and entire risk will rest on him/her.

PERMANENT HOME ADDRESS (Please state House No. Kandi/village/street; Tehsil/District. Care of shop Office Address not valid and is reject able.)

In English _____

In Urdu _____

DATE OF BIRTH _____

(In Figures)

(In Words)

EDUCATION & PROFESSIONAL QUALIFICATIONS.

Photostat duly attested in ink under seal of office of the Administrator/DMS/Medical Supdt/Agency Surgeon, Principal concerned should be attached For Metric no School certificate acceptable it should be the one issued by the respective Board (BISE) Detail of Marks Certificate not valid.

Name of Examination	Roll No	Year & Month of Exam	Name of Examining Body
(I)Matric _____	_____	_____	_____
(ii)FA/F.Sc _____	_____	_____	_____
(iii) _____	_____	_____	_____

Name of Hospital/Institute in which trained.

(Name of Hospital) Training Period From _____ to _____
Service Period (if so) _____ to _____

7. MARKS OF IDENTIFICATION. _____

8. NO & DATE OF BANK RECEIPT INDICATING THE AMOUNT REMITTED.

Bank slip no _____ Dated _____ Rs _____

Bank Draft No. _____ Dated _____ Rs _____

9. IF FAILED PREVIOUSLY, give Registration No. _____ Roll No. _____ of his/her last Exam/ Session under which appeared & Failed in this Examination On wrong information, Fine/Rejection/Cancellation or punishment otherwise can be awarded.

Name Medical Faculty Roll No. Year & Month of Exam Name of Exam Center.

(a) _____ (b) _____ (c) _____ (d) _____

IMPORTANT NOTE; FAILED CANDIDATES FROM OTHER MEDICAL FACULTIES. must submit original Migration Certificate signed by the Registration of the respective Medical Faculty.

10 If a candidate appeared previously with some particulars (especially permanent home address) Postal address _____

Applicant's Signature in English & Urdu
Signature must tally with sign. On last page.

CERTIFICATES

I certify that the candidate has fulfilled the condition laid down in the rules and that he/she has good Moral character and that he/she signed this application as give in this examination form are correct. I certify that he/she has been on the rolls of this institution and has completed the prescribed number of theory lecturers/ practical/demonstrators etc in the approved courses of the study during the session.

From _____ to _____

I certify that he/she was regularly selected and is on approved list of trainee in this course at this hospital/institution during the session given above (this is not applicable to failed/migrated candidates from punjab etc medical faculty)

I certify that he/she has remitted the examination fees to the FPMA, Khyber Pakhtunkhwa bank draft/Slip no. _____ Date _____ as above _____

I certify that his/her name has not been struck off from the role of this hospital/institution as a trainee for any charge against him/her

Any remarks by the forwarding authority: (In service category etc)

I recommended his/her admission to the Examination

Only the Administrator.

D.H.O/MS/C.S Principal to Signn Please _____ (Signature of head institution with office seal)

D.H.O In service candidate under him

FOR OFFICE USE ONLY

Grand of eligibility _____

Assistant: Superintendent

Eligible/ineligible _____

Chief Executive Officer
Faculty of Paramedical and Allied Health Sciences,
Khyber Pakhtunkhwa Peshawar.

CANDIDATE PHOTO
Their photo to be
pasted here with
gum duly attested
on face side the
MS.AS/CS

TO BE FILLED IN BY THE CANDIDATE

Name of Training institution _____

Note: The candidate will admitted to the examination center in the production of this Roll No Slip to be duly signed under office seal by the CEO FPMA, Khyber Pakhtunkhwa.

Admit Mr/Mrs _____ son/Daughter of _____

Of District _____ for the _____

Certificate Examination to be held on _____ at examination center _____

(Signature of Candidate in English)

- **Mobile & other cheating material are prohibited.**
- **Original CNIC is must to enter the Exam: Hall**
- **Any type of Arm is prohibited in the Exam: Hall**

Chief Executive Officer
Faculty of Paramedical and Allied Health Sciences,
Khyber Pakhtunkhwa Peshawar.

O.P.S.S

Name _____

Son/Daughter of _____

House No/Street _____

Village P/O _____

Tehsil/Distt _____

O.P.S.S

Name _____

Son/Daughter of _____

House No/Street _____

Village P/O _____

Tehsil/Distt _____

O.P.S.S

Name _____

Son/Daughter of _____

House No/Street _____

Village P/O _____

Tehsil/Distt _____

O.P.S.S

Name _____

Son/Daughter of _____

House No/Street _____

Village P/O _____

Tehsil/Distt _____

IMPORTANT NOTES FOR CANDIDATES.

1. Signature of admission slip should tally with candidate's signature on application.
2. The Khyber Pakhtunkhwa domiciled but failed candidates from the Punjab Medical Faculty, or any other medical Faculty etc. Must produce migration certificate signed by an officer not below the rank of the registrar of the faculty etc Or an authentic proof of having failed from the other faculty duly signed by the respective Administrator/MS/DMS/AS/CS under his officer seal to the satisfaction of the CEO FPMA, Khyber Pakhtunkhwa.
3. The Spelling of name must be the same as written in the Matric certificate issued by the board (BISE) otherwise the applicant may be penalized rejection of fine and entire risk will rest on him/her.
4. Every applicant must carefully and complete this application form incomplete or illegible form or is not accompanied by the documents mentioned therein may be rejected. If a column is not applicable, it should be replied as such whether a reply is yes or no the same should be written. Signature or admission slip should tally with candidate's signature on application. The Khyber Pakhtunkhwa domicile but failed candidates from the Punjab Medical Faculty, or any other
5. Three (3) recent passport size photographs duly attested must be attached.
6. Photocopies of documents duly attested in ink under seal of office of Administrator MS/DMS/AS/CS/Principal concerned should be attached. For Matric no School Certificate is acceptable, it should be on issued by the respective board (B.I.S.E).