



# Hallmark

College Of Nursing & Allied Health  
Sciences Peshawar

Paste three  
photographs

Serial No \_\_\_\_\_

SESSION \_\_\_\_\_

## REGISTRATION

(The form should be filled in BLOCK letters)

1. Please tick (v) only one program applying for.
2. Submit separate application forms for applying against more than one program.

<input type="checkbox"/> FSc (2years)	<input type="checkbox"/> Diploma (2years))
<input type="checkbox"/> BS Nursing (4years)	<input type="checkbox"/> BS Paramedics (4years)

Name: \_\_\_\_\_ Father/Husband Name: \_\_\_\_\_

(As per SSC or equivalent certificate in BLOCK letters)

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_

Domicile: \_\_\_\_\_ CNIC No. \_\_\_\_\_ Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact No. (Tel: Res) \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent address: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

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	Attempts	Name of Board/ University

Certified that the facts produced are correct to the best of my knowledge:-

# UNDERTAKING

Mr./Ms/Mrs.....S.O/D.O/W.O.....hereby declared that the information put in this application are correct to the best of my knowledge. I will follow the rules regulations through out of my educational career in **HCN & AHS**. In case I didn't follow the rules and found guilty, my admission can be cancelled at any stage of my studies. I further declare that I will submit the fee on time. In case, I fail to do so, my application form could be withdrawn from examination file and I will be liable for examination late fees and others dues

CNIC No/Form B. \_\_\_\_\_

CNIC No. \_\_\_\_\_

Signature of the Applicant \_\_\_\_\_

Signature of the Applicant's Father/Guardian \_\_\_\_\_

**Please make sure the attachment of following attested documents.**

- ☐ 2 C.N.I.C Copy / Form B
- ☐ 2 Father/Guardian C.N.I.C. Copy.
- ☐ 2 Metric/FSc Certificate and DMC.
- ☐ 2 Domicile Certificate.
- ☐ 12 Passport Size Photographs Blue Background

## IMPORTANT NOTES/INSTRUCTIONS

1. **Admission Confirmation:** Must be completed within seven days.
2. **Cancellation and Refund Policy:**
  - ☐ If you cancel within 14 days of admission confirmation, the funds will be refundable.
  - ☐ After 14 days, the funds will not be refundable.
3. 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.
- 4 Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
5. If any certificate submitted by the candidate is found **false, or forged** during his/her study period his/her admission shall be canceled 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.

### 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:**