



# KHYBER MEDICAL UNIVERSITY KHYBER INSTITUTE OF CHILD HEALTH (KICH)

APPLICATION FORM FOR ADMISSION

## MASTER IN PUBLIC HEALTH (MNCH)

**SESSION FALL/SPRING 20\_\_**

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

**(The form should be filled in BLOCK letters)**

Paste three  
photographs

**Note:** Please read the instructions given in the admission policy in the application form before filling this 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. \_\_\_\_\_ Dated: \_\_\_\_\_

**EDUCATIONAL RECORD:**

Qualification (SSC & onward)	Year of passing	Annual/Supply / Marks Improved	Exam. Roll No	Total Marks	Obtained Marks	Name of Board / University

**EXPERIENCE (for In-Service Candidates only):** 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		

**RESEARCH PUBLICATIONS:** *Please attach copy of the enlisted publications.*

S #	Title of Research	Name of Journal / Conference	Date of Publication	Principal / Co- Author	Impact Factor of the Journal
1					
2					
3					
4					

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

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**

- Five Passport size coloured photographs of the applicant attested on the back.
- Copy of DMCs/Transcripts and certificates/degree of SSC, HSSC and onward examinations.
- Copy of Degree and Detailed Marks Certificate of all professional examination on the basis of which admission is sought.
- Copy of any other higher relevant qualification.
- Copy of the valid Registration of the relevant council of the professional academic qualification.
- A copy of Computerised National Identity Card.
- A copy of Domicile Certificate (*domicile certificate once submitted with the application form will not be changed*).
- A copy of computerized National Identity Card of the father/guardian of the applicant.
- Copy of Professional Experience certificates.
- An undertaking on judicial stamp paper of Rs. 100/- duly attested as per specimen given in the admission form (**after selection/getting admission only**).

**IMPORTANT NOTES/INSTRUCTIONS**

1. Applicants not having domicile of Khyber Pakhtunkhwa are not eligible to apply for admission on Khyber Pakhtunkhwa seats.
2. 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.
3. The undertaking/agreement must be filled in by the candidate on Judicial Bond of Rs. 100/- and should be duly attested. The specimen Performa for undertaking is attached with the application form.
4. Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
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 should be submitted on or before due date at the following address:**

PROGRAM OFFERED	INSTITUTES ALONGWITH ADDRESS
<b>MASTER IN PUBLIC HEALTH (MNCH)</b>	Student Affair Section, Khyber Institute of Child Health (KICH), Near Regional Passport Office, Phase-5 Hayatabad, Peshawar. Phone: 091-9217625, Fax: 0915881044 <a href="mailto:mscstudentinformation@gmail.com">Email:mscstudentinformation@gmail.com</a>