



Prime College

Of Allied Health Sciences

Admission Form

RECENT
PASSPORT
SIZE PHOTO

Form No: _____

Student ID: _____

Session: _____

Discipline

Please tick the box for the discipline in which admission to be taken.

1. BS Radiology
2. BS Medical Laboratory Technology (MLT)
3. BS Anesthesia
4. BS Dental
5. BS Optometry

Personal Information

Student Name: _____ Gender: _____

Father Name: _____ Nationality: _____

Father Occupation: _____ Religion: _____

Date of Birth: _____

Address: _____

District: _____ Tehsil _____

Postal Address: _____

Student Contact No: _____ Father/Guardian Contact No: _____

Educational Qualification

Qualification	Year	Roll No	Obt/Total Marks	% Age	Major Subjects	Boards/Institute
SSC (10 th)					1. 2. 3.	
HSSC(F.Sc)					1. 2. 3.	
Other Education						

Signature of the Father/Guardian/Student

Student CNIC No: _____

Date: _____

Note: Please attach attested photocopies of the following documents with the admission form:

1. SSC (Matric) Certificate and DMC
2. HSSC (F.Sc Pre-Medical) Certificate and DMC
3. Diploma/ Equivalency from IBCC
4. KMU CAT Result Card
5. CNIC / B-Form of the candidate
6. CNIC of Father /Mother/ Guardian
7. Domicile Certificate
8. Six (06) recent passport size photographs

For Office Use Only

Admission Fee: _____ Tuition Fee: _____

KMU Registration Fee: _____

Remarks:

Name: _____ Signature of the Admitted Officer: _____ Date: _____

Principal Signature: _____ Accountant Signature: _____

Note: Examination fee and one-time KMU registration fee shall be charged as per the actual rates of Khyber Medical University.

AFFIDAVIT

I, _____ S/o, D/o _____,
Bearing CNIC No. _____ resident of _____ do
hereby solemnly affirm and declare as under:

1. That I have been granted admission to the BS _____ (4-Year Program) at Prime College of Allied Health Sciences, a project of Prime Foundation, duly affiliated with Khyber Medical University (KMU), Peshawar.
2. That I undertake to abide by all rules, regulations, and policies of the Prime College of Allied Health Sciences and Khyber Medical University during the entire period of my study.
3. That I shall maintain discipline, regular attendance, and good moral conduct, and shall not participate in any political, unethical, or unlawful activities within or outside the college premises.
4. That I shall pay all dues and fees as prescribed by the college on time and understand that non-payment may result in suspension or cancellation of my admission.
5. That I shall*not claim any refund of admission fee, tuition fee, or any other charges once deposited, under any circumstances.
6. That I am fully aware that my admission is provisional and subject to verification of my educational documents and eligibility as per the criteria lay down by Khyber Medical University.
7. That in case of any misconduct, violation of rules, or submission of false documents, my admission shall be liable to cancellation without any prior notice, and legal action may be initiated against me.
8. That my parents/guardian and I shall be fully responsible for my conduct and compliance with college regulations throughout the duration of the program.
9. That I will not hold the institution responsible for any injury, accident, or loss occurring during academic, clinical, or extracurricular activities within or outside the campus.

Deponent Signature: _____

Full Name: _____

CNIC No.: _____

Date: _____