



**KHYBER MEDICAL UNIVERSITY**  
**APPLICATION FORM FOR FORENSIC LAW CERTIFICATION**



**FORENSIC LAW CERTIFICATION**

photographs  
(attested on the  
back)

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

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

**Note:** Please read the instructions given in the admission policy in the prospectus and on the reverse of application form before filling this form. Applicant shall pay Rs. 1800/- at the time of submission of Admission form duly deposited in K~~M~~U Account No. **0977029551007356** (fee online) in any branch of **(MCB Bank)** and attach the Original fee receipt at the time of submission of application form.

**Commented [IA1]:** Is it correct?

**Please tick (v) only your qualification field**

<b>MEDICINE</b>											
<input type="checkbox"/>	Final year MBBS/BDS Student	<input type="checkbox"/>	MBBS/BDS Graduates	<input type="checkbox"/>	House Officers	<input type="checkbox"/>	TMOs	<input type="checkbox"/>	Professionals	<input type="checkbox"/>	Other (Please specify)
<b>LAW</b>											
<input type="checkbox"/>	Final year LLB or LLM student (any year)	<input type="checkbox"/>	LLB/LLM Graduates	<input type="checkbox"/>	Prosecution Department	<input type="checkbox"/>	Professionals (Including Judiciary)	<input type="checkbox"/>	Other (Please specify)		
<b>LAW ENFORCEMENT AGENCIES</b>											
<input type="checkbox"/>	Investigation Officer (IO)	<input type="checkbox"/>	SHO	<input type="checkbox"/>	DSP	<input type="checkbox"/>	SP	<input type="checkbox"/>	CTDs	<input type="checkbox"/>	Other (Please specify)
<b>ALLIED HEALTH PROFESSIONALS</b>											
<input type="checkbox"/>	Nursing Sciences	<input type="checkbox"/>	MLT	<input type="checkbox"/>	DPT	<input type="checkbox"/>	Technicians	<input type="checkbox"/>	Other (Please specify)		
<b>BIOMEDICAL SCIENCES</b>											
<input type="checkbox"/>	Health Sciences	<input type="checkbox"/>	Life/Biological Sciences	<input type="checkbox"/>	Pharmaceutical Sciences	<input type="checkbox"/>	Other (Please specify)				
<b>RELEVANT SOCIAL SCIENCES</b>											
<input type="checkbox"/>	Criminology	<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Sociology	<input type="checkbox"/>	Other (Please specify)				

**Commented [IA2]:** Needs to be specified

**Commented [IA3]:** To be reviewed

Name: \_\_\_\_\_ Father 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. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

**EDUCATIONAL RECORD:**

S No	Qualification (SSC & onward)	Year of passing	Annual/Semester	Total Marks	Obtained Marks	% age Marks	Name of Board / University
1.							
2.							
3.							
4.							
5.							

**EXPERIENCE:** Experience will be considered valid, only if valid experience certificate and no objection certificate (NOC) 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					

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

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

Commented [IA4]: Do we need this?

\_\_\_\_\_  
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**

- Three Passport size coloured photographs of the applicant attested on the back.
- Copy of Transcripts and certificates of SSC, HSSC examinations.
- Copy of Degree and Transcript of MBBS/BDS examinations.
- Copy of Degree and Transcript of BS/M.Sc. examinations in the relevant field.
- Copy of Degree and Transcript of MS/M. Phil (18 years) examinations in the relevant field.
- Copy of any other higher relevant qualification.
- Copy of the valid registration of the relevant council of the professional academic qualification (where applicable).
- A copy of Computerised National Identity Card.
- A copy of computerized National Identity Card of the father/guardian of the applicant.
- A copy of Domicile Certificate (domicile certificate once submitted with the application form will not be changed).
- Copy of NOC (for in service candidates only).
- Copy of Professional Resume and Experience certificates.
- Personal Statement/mission statement.
- All PhD should bring a research proposal for presentation.
- Undertaking on judicial stamp paper of Rs. 100/- duly attested by notary public /Political Agent on prescribed specimen to be obtained from concerned Institute (only after getting admission).

Commented [IA5]: Do we need this for this program?



Commented [IA6]: To be reviewed

Commented [IA7]: Need to be specified

Commented [IA8]: Need to be removed

**IMPORTANT NOTES/INSTRUCTIONS**

1. All applicants must appropriately fill and sign the admission form and undertaking. **Incomplete/not properly filled form in any aspect will be rejected.** Avoid rewriting/cutting, while filling the form.
2. The undertaking/agreement must be filled in by the candidate on stamp paper of Rs. 100/- and should be duly attested by the Political Agent/First Class Magistrate (only after getting admission only).
3. Applicant must carefully study the Admission Policy of Khyber Medical University in order to understand the Rules.
4. Application forms with any **false statement** by the candidate will be rejected
5. 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/institute in Khyber Pakhtunkhwa. Further legal action can be taken against the student under the existing criminal laws.
6. Director KMU Institute of Basic Medical Sciences (IBMS), Academic Block, Ground Floor, Phase-5, Hayatabad, Peshawar. Tel: +92-91-5892873.
7. Director, Center for learning Law and Business, 56 C Gul Mohar Line, University Town, Peshawar, Khyber Pakhtunkhwa Ph: +92 301 8610058

Khyber Medical University  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited  

Account No  
0977029551007356  
**(Bank Copy)**  
 Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

**STUDENT'S/INDIVIDUAL DEPOSITS**

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. NA

Purpose of Deposit Forensic Law Certification

Semester/ Year \_\_\_\_\_

Contact No. \_\_\_\_\_

Amount Payable Rs. 1800 /-

In Words Rupees Eighteen Hundred only

Due Date 03/04/2023

Bank Authorized Signature with Stamp

- Note:
1. Can be deposited free online in any branch of MCB.
  2. All columns must be filled with legible handwriting.
  3. All columns are mandatory.

Khyber Medical University  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited  

Account No  
0977029551007356  
**(Treasury Copy)**  
 Date \_\_\_\_\_

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Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

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Purpose of Deposit Forensic Law Certification

Semester/ Year \_\_\_\_\_

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 MCB Bank Limited  

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 Date \_\_\_\_\_

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 MCB Bank Limited  

Account No  
0977029551007356  
**(KMU Copy)**  
 Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

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Institute \_\_\_\_\_

Registration No. NA

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Semester/ Year \_\_\_\_\_

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