KHYBER MEDICAL UNIVERSITY

S. No.____

REGISTRATION FOR 6th CONVOCATION, 2023

Convocation Fee of Rs 4,000/- to be submitted in Online Account of KMU at MCB A/C# 0977029551007356

Name:	(As n	er Degree)			
Father's Name:	———				
Name of Degree Progra Completed Registration No:					
Phone No:	Res:		Office:	Mobile No:	
Residential Address:					
Email address:					
Present Official Status:					
Address:					
			(PART-II)		
Registration/Degree Fee:		Rs. 4000/-	Bank Challan No Non Refundable	Dated:	
(PART-III Guest Details)					
Name of Parents/Spous Husband (In Block letter CNIC No. (Parents/ Spou (Attached Photocopy of Relationship	rs) use)				
Contact No.					
				Signature:	
(PART-IV Receipt)					
Name:					
Registration No:					
				Signature:	

Note: The form shall be submitted to the office of Director IHPER, Academic Block, KMU