



NOWSHERA MEDICAL COLLEGE, MTI NOWSHERA
 Department of Examination



ANNUAL/SUPPLEMENTARY EXAM CLEARANCE FORM

Passport
 Size
 Picture

(Note: Write Down in Bold letters with no spelling mistakes and complete all attachments)

Mr. /Miss. _____ S/o, D/o _____
 Student of 1st Year MBBS class Roll No _____ Session _____ CNIC # _____
 Contact # _____ has nothing out standing against him/her as per below.

1st Year PROFESSIONAL MBBS Attendance Record

S.NO	Subject	Attendance Percentage (To be Filled by IT)	Name, Sign , Stamp and Any Remarks
1.	Anatomy + Practical		
2.	Physiology + Practical		
3.	Bio Chemistry + Practical		
4.	All Minor Subjects + Practical		

Papers to be examined: 1. _____ 2. _____ 3. _____

Amount of Fee Deposited in Account Section for KMU Exam: Rs. _____

1 LIBRARY

Certified that Mr./Miss _____ has returned all the Library Material and books issued to him/her
 Name _____ Signature _____ Office Seal _____

2 ACCOUNTS SECTION

Certified that Mr. /Miss _____has paid all the college dues, **KMU Exam** dues and nothing is outstanding against him/her.
 Name _____ Signature _____ Office Seal _____

3 Hostel (Chief Provost/Warden)

Certified that Mr. /Miss _____ has paid all the Hostel dues and nothing is outstanding against him/her.
 Name _____ Signature _____ Office Seal _____

4 Transport section:

Certified that Mr./Miss _____ has paid all the transport dues and nothing is outstanding against him/her.
 Name _____ Signature _____ Office Seal _____



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5 Student Affairs Section

Name_____ Signature_____ Office Seal -----

6. Department of Medical Education

Name_____ Signature_____ Office Seal -----

(All assessment forms are filled by the said student)

Declaration:

‘I hereby solemnly declare that the particulars given above are correct. In case of any wrong information or Concealment of facts, I shall be responsible for the consequences. Further. I undertake to abide by the Rules and Regulations of Examination prescribed by the Khyber Medical University, Peshawar’

Student Signature: _____ Date: ____/____/____

Note: Attach Photo, Deposit slip of Account section NMC, photocopy of HSSC DMC and CNIC Copy

Dean NMC, Nowshera