



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 2nd Year MBBS class Roll No _____ Session _____ CNIC # _____
 _____ Contact # _____ KMU Registration # _____ has nothing
 out standing against him/her as per below.

2nd Year PROFESSIONAL MBBS Attendance Record

S.NO	Subject	Attendance Percentage (To be Filled by IT)	Name, Sign , Stamp and Any Remarks
1.	Anatomy		
2.	Physiology		
3.	Biochemistry		
4.	Pathology		
5.	Pharmacology		
6.	Forensic Medicine		
7.	Community Medicine/Research		
8.	General Medicine		
9.	Prime+ Medical Education Pak Study/ Islamyat		
10.	Radiology		
11.	ENT		
12.	Psychiatry/ Behavioral Science		
13.	Pediatrics		
14.	General Surgery		

Papers to be examined: 1. _____ 2. _____ 3. _____
 Amount of Fee Deposited in Account Section for KMU Exam: Rs. _____
 Appeared in 1st year KMU Annual/Supply Examination under Roll # _____ Session _____ (Attach DMC)

1 LIBRARY

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



NOWSHERA MEDICAL COLLEGE/ MTI NOWSHERA, KPK, PAKISTAN
Department of Medical Education



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 -----

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 Deposit slip of Account section NMC, photocopy of previous DMC and CNIC

ASSISTANT DIRECTOR EXAMINATION
DME, NOWSHERA MEDICAL COLLEGE
MTI, NOWSHERA

(Dr. Sobia Haris)
Chairperson
Department of Medical Education, NMC