



NOWSHERA MEDICAL COLLEGE/ MTI NOWSHERA, KPK, PAKISTAN  
 EXAMINATION SECTION NMC, NOWSHERA



4<sup>th</sup> YEAR MBBS ANNUAL/SUPPLEMENTARY EXAM CLEARANCE FORM

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

Passport  
 Size  
 Picture

Mr. /Miss. \_\_\_\_\_ S/o, D/o \_\_\_\_\_  
 Student of 4<sup>th</sup> Year MBBS class Roll No \_\_\_\_\_ Session \_\_\_\_\_ CNIC # \_\_\_\_\_  
 Contact # \_\_\_\_\_ KMU Registration# \_\_\_\_\_ has nothing out standing  
 against him/her as per below.

Attendance Record

S.NO	Subject	Attendance Percentage ( To be Filled by IT)	Name, Sign , Stamp and Any Remarks
1.	Pharmacology + Practical		
2.	Pathology + Practical		
3.	Forensic Medicine + Practical		
4.	Community Medicine + Research + Practical		
5.	ENT + PRACTICAL/WARDS		
6.	EYE + PRACTICAL/WARDS		
7.	All Minor Subjects + Wards/Practical		

Papers to be examined: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

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

Appeared in 3<sup>rd</sup> 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 \_\_\_\_\_

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 \_\_\_\_\_



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

**Dean NMC, Nowshera**