



MALAK AHMAD KHAN

Institute of Health Sciences

Link Road, Near Malak Ahmad Khan Interchange, Alladand Dheri, Tehsil Thana Baizai, District Malakand

ADMISSION APPLICATION FORM

0348 4406 556

0346 8005 488

info@makihs.edu.pk

www.makihs.edu.pk

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Recent
Photo

Serial No. _____

Program: _____

Ref. No. _____

Name (as in SSC/O-Levels in BLOCK LETTERS) _____

Father Name _____

Date of Birth: Gender: Male ☐ Female ☐ Blood Group _____

CNIC# _____ Domicile _____ Nationality _____

Mailing Address _____

Contact# _____ Email: _____

Permanent Address _____

In case of emergency contact# _____

How did you know about us? Newspaper ☐ Bill Board ☐ Website ☐ Social Media ☐ Other _____

EDUCATIONAL RECORD

Certificate/Degree	Year of Passing	Annual/Supply/Marks Improved	Exam. Roll No.	Total Marks	Obtained Marks	Attempts	Name of Board/University
SSC							
F.Sc							

Have you appeared in CAT Entrance Test of Khyber Medical University KMU (Yes ☐ No ☐) If yes, please provide the following information: CAT ID _____ Marks Obtained _____

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 _____ Father/Guardian Signature _____

FOR OFFICE USE ONLY

Remarks/Requirements (Scrutiny Committee) _____

Checked by Members of Scrutiny Committee _____ Chairman Scrutiny Committee _____



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APPLICATION FORM SLIP

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Serial No. _____

Ref No. _____

Name of Applicant _____ Father Name _____

Apply for _____ Program.

Application Processing Fee: Amount (Rs.) _____ Receipt No. _____ Dated _____

Signature of Applicant _____ Admission Officer Signature & Seal _____