



College of Physical Medicine & Rehabilitation Paraplegic Center Peshawar

Street 10, Sector P-1, Phase 4, Hayatabad, Peshawar.

Application Form

Form No:

Degree Programme

Doctor of Physical Therapy

BS Occupational Therapy

For Office Use

3x Passport Size

(UNATTESTED)
Photographs

(Prior to filling the Form, Please Carefully Read the instruction)

Personal Data (Fill in capital Letters Using Black Ball Point)

Applicant Name:

Father's Name:

Date of Birth: DD - MM - YY YY Age: Years:

Marital Status: Married Unmarried Gender: M F

Mailing Address:

District: Country:

Permanent Address:

District: Country:

Contact (Personal): Res: Cell: Email:

Candidate's Nationality:

Candidate's CNIC/ Form B No. - -

Father's Profession (Exact Designation)

Father's Mailing Address:

District: Country:

Contact (Father's): Res: Cell: Email:

Name of Guardian (if other than father)

Occupation of Guardian

Annual Income Father/ Guardian in Pak Rupees

Mailing Address of Guardian:

District: Country:

Contact (Gaurdian's): Res: Cell: Email:

Educational Qualifications:

(Please Attached attested photocopies of supporting documents)

Year	Degree/ Diploma/ Certificate	Institution Attended Board/University	Roll No	Mark Obtained	Total Marks
	SSC (science) or Equivalent				
	F.Sc (Pre-Medical or Equivalent				

COMPLETE THE APPLICATION FORM: A CHECKLIST AFTER COMPLETION OF THE APPLICATION

Please (✓) and make sure that you have enclosed the following documents along with this application form.

1. Application form complete in all respect.
2. Declaration of the applicant and the parent/guardian is duly signed.
3. Seven recent passport size photographs with your name written on the back of each are attached.
4. Attested/ Verified DMCS Two Copies From Relevant Board / University , Migration Certificate In Original , CNIC Form B and Domicile are attached.
5. Attested Photocopies of academic distinction or award etc, if any, are attached.
6. Father and student CNIC.
7. Undertaking On Rs. 50/ Stamp Paper.

NOTES:

1. Please keep copies of all submissions for your record as no copies will be returned.
2. Please keep all the receipts of submission of your documents either by courier service or by hand.
3. All communication will be held on the last notified address. CPMR shall not be responsible for non- delivery of any communication if change of address (from the one indicated on the application form) is not notified to the admission office, or for any negligence by the delivery service.
4. Admission fee & other dues paid by the student at the time of admission will not be refundable under any circumstances.

Signature of Candidate: _____ Signature of Father/ Guardian: _____

CNIC #: _____ CNIC #: _____

FOR OFFICE USE ONLY

Discipline Admitted in: _____

Admission Date: _____ Conditional Admission _____ Admission In Charge Sign _____

Director: _____

Institute Dues

Received Rs: _____ Vide Receipt No: _____ Date: _____

Admission No: _____

Date: _____ Discipline No. Allotted to the Student by Finance _____

Finance: _____

Note!

Applicants who have downloaded the application form from website, shall deposit PKR 1000/- in any branch of **National bank of Pakistan.**

Account Title: **Paraplegic Centre**

Branch Code: **1759**

Account Number: **3011732027**

Branch Name: **Hayatabad Peshawar.**



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Undertaking

Form No:

Mr/Miss _____

Son/Daughter of _____

Do hereby undertake:

1. That the information furnished in, and the documents attached with the application form by me are correct to the best of my knowledge and belief that incomplete or incorrect information shall disqualify me from admission.
2. That at any time during the course of study, if it is found that nay information is incorrect or any of the documents produced at the time of admission is false, will render me ineligible for admission under the rules my name will, subject to any other remedy which the Principal may like to seek, immediately be struck off from the Institute Roll and I shall not be entitled to object or to seek any remedy against aforesaid action of the Principal.
3. In case if my name is struck off under clause (2) above not be entitled to claim refund of any fee paid by me. I shall pay to the Institute as liquidated damages at the rate of Rs. 50,000/- year of my studies in the institute.
4. I shall attend at least 75% of the lectures, seminars, clinical and practical of each class till the final examination from the date of admission, failing which my name shall not be sent to the university.
5. I will not be promoted to the next higher class unless/until I have cleared all the subjects under the rules applicable and I hereby undertake that I have read and understood the examination rules applicable to me.
6. I fully understand that hostel accommodation will be provided subject to the availability. In case of non availability I will not ask for any accommodation.
7. I have read the prospectus of the University/Institute and hereby agree to confirm to the rules and regulations enforced or hereafter to be made by the Government University system or any other authority, neither I will go to court of law against the rules and regulations enforced or hereafter to be made by the authorities nor will do anything inside or outside the Institute contrary to law.
8. I _____ son/daughter of _____ will not indulge in politics of any type and will not be member of any political party/organization/student federation nor I will attend any meeting of such party/organization/federation. I understand that my failure to observe the above undertaking will result in cancellation of my admission/expulsion from the Institute and that the decision of the Principal in this regard will be final and shall not be challengeable in any court of law.
9. In case I am reported to be guilty/involved in any of aforesaid activities during, my stay at the Institute, the Institute Authorities can rusticate me from the Institute temporarily or expel me permanently and that I shall not have any claim, neither will I go to any court of law against this decision.
10. If I am reported to be involved in any of the aforesaid activities and I am rusticated I will not try to create law and order situation or instigate other students of the Institute or of any other institution against the action taken by the institute Authorities.
11. If it is reported that I have not honored the decision of the Institute Authorities as described under clause [10] above, I shall be liable to pay Rs. 50,000/- year damages to Head of the College of Physical Medicine & Rehabilitation.
12. In case of any dispute between me on one hand and administration of the Institute on the other hand regarding my involvement in disciplinary or political matter of regarding the imposition of any penalty or damages one me, the matter shall be referred to the Principal as the sole arbitrator and this decision in such capacity shall be final and shall not be called in question in any court of Law as provided by Arbitration Act.
13. That I will abide by the decision of the Institute Academic Committee in case I am found guilty of indiscipline, defamation,

disrespect of the teaching staff and other anti-institution activities.

14. I will not demand/claim Government Job and abide by the rules and regulations regarding the house jobs and service after graduation.

15. I am,

Muslim

Non-Muslim

Signature: _____

Name: _____

Father's Name: _____

CNIC: _____

Permanent Address: _____

Dated: _____



College of Physical Medicine & Rehabilitation Paraplegic Center Peshawar

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Affidavit

Form No:

(To be furnished by Father/Mother/Guardian of the candidate using Rs.50/- Stamp paper dully attested by Notary Public)

I _____ **Father Name** _____ Son/daughter/wife of _____ **Grand Father Name** _____ and
Father/Mother/Guardian of _____ **Student Name** _____ hereby fully endorse the undertaking given by my son/daughter ward
and assure he/she will abide by this undertaking during his/her stay in the College.

1. I also make myself liable to pay Rs. 50,000/- year in case of any breach of the above mentioned undertaking given by my
son/daughter/ward, Mr./Miss _____ **Student Name** _____

2. I _____ **Father Name** _____ Father Mother /Guardian of Mr/Miss _____ **Student Name** _____
assure that my son/ daughter/ will not indulge in politics of any type will not be member of any political party/ organiC
zation/ students federation nor will he/she attend any meeting of such party/ organization or federation. I undertake
the Director Academics decision with regard to admission/expulsion from the Institute will be final.

3. I take complete financial responsibility of the candidate and assure in time advance payments of full fees and charges
as per the prevailing policy of the Institute/Khyber Medical University. Note:- Admission fee & other dues paid by the
student at time of admission shall not be refundable as per the College of Physical Medicine & Rehabilitation Fee
refundable policy.

[Signature of the Father/Guardian of the Student:]

Full Name: _____ **Father Name** _____

Father's Name: _____

National ID Card No. _____

Permanent Address: _____

Witness 1 Sign: _____

Witness 2 Sign: _____

Name: _____

Name: _____

Father's Name: _____

Father's Name: _____

CNIC: _____

CNIC: _____

Address: _____

Address: _____