



**MEDICAL TEACHING INSTITUTION
KHYBER COLLEGE OF DENTISTRY, PESHAWAR**

APPLICATION FORM FOR DSA COURSE

1. Name (in Block Letters): _____

2. Father Name: _____

3. Present / Postal Address (for Correspondence): _____

4. Permanent Address: _____

5. Date of Birth: _____

6. Domicile: _____

7. Cell No. _____

8. Religion: _____

9. CNIC No. _____

10. Gender: _____

11. E-Mail: _____

12. Academic Qualification:

S/No.	Certificate	Board	Year of Passing	Obtained Marks	Total Marks	Division/ Grade
1.	SSC (Science)					
2.	HSSC (Pre-Medical)					

It is hereby certified that the information given in this application form is correct and nothing relevant has been concealed.

Note: Attested photocopies of the following documents must be attached:

1. SSC Certificate/DMC
2. HSSC Certificate/DMC
3. Domicile Certificate
4. CNIC
5. Three (03) Photographs

Dated: ____ / ____ / 2017

Signature of the Applicant

Dealing Assistant