



KHYBER COLLEGE OF DENTISTRY
(Medical Teaching Institution)

INFORMATION TECHNOLOGY

Email Registration Form For Student



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Personal Information

Name: _____ Mobile No: _____

Student Sign: _____ Date: _____ Roll NO: _____

Batch example (20xx to 20xx) _____

Departmental Information

Class: _____ Student Registration No: _____

Department: _____

Note: Please send your passport size picture to fazal.maula@kth.edu.pk Pleases change password at first login.

HOD / Manager's Approval of KTH email

Name: _____ Designation: _____

Sign: _____ Date: _____