**KHYBER MEDICAL UNIVERSITY PESHAWAR**



**Roll No\_**

University Registration No. N.I.C.NO.

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**Annual/Supplementary Examination 20**

**SUPERINTINDENT SLIP**

(**TO BE FILLED IN BY THE STUDENT)**

**[To be retained by Suptd. & returned to the**

**Exam. Section after termination of exam]**

Photograph

Admit Mr./Mrs./Miss Son/Daughter of Of the College for semester Examination on the dates given in the date sheet to the Centre for

Examination at

Subjects in which to be examined:

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**RE-APPEAR (SEMESTER )**

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| 4. | 5. | 6. |

Signature of Candidate



**Deputy Controller of Examinations Khyber Medical University Peshawar.**

**KHYBER MEDICAL UNIVERSITY PESHAWAR**

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**Annual/Supplementary Examination 20**

**STUDENT SLIP**

(**TO BE FILLED IN BY THE STUDENT)**

**[To be retained by Candidate]**

Photograph

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**RE-APPEAR (SEMESTER )**

1. 2. 3.

4. 5. 6.

**Deputy Controller of Examinations Khyber Medical University Peshawar.**

Signature of Candidate