







Guidelines for Admission

-  The last date to submit the fee is **Thursday, 01-01-2026**. Candidates who do not submit the deposited fee challan at ZAB PGPI Peshawar by this date will lose their seat, which will be offered to the next candidate on the waiting list.
-  The fee challan for the 1st semester BS Program, amounting to **Rs.41,000/-**, can be obtained from ZAB PGPI Peshawar during official hours from 09:00 AM to 04:00 PM.
-  The fee challan can be deposited at any branch of the Bank of Khyber. The college copy of the deposited challan must be submitted to the College Administration for confirmation of admission.
-  Submission of necessary documents:
 1. Bank challan paid copies of institute.
 2. Attested Matric & FSc DMCs.
 3. KMU Cat Result 2025,
 4. Domicile Certificate.
 5. CNIC or Form-B of candidate
 6. CNIC of father,
 7. 02 Photographs white background.
 8. Affidavit on judicial stamp paper as per specimen provided below.
-  Submit affidavit on stamp paper as per specimen below.
-  For hostel admission form is available at ZAB PGPI official website.

Fee Structure

Admission Fee

S/No	DESCRIPTION.	1st Semester	2nd - 8th Semester	TOTAL FEE	REMARKS / UTILIZATION.
GOVERNMENT DUES					
1.	Admission fees	2000	-	2,000/-	Total Rs. 34,000/- in Government Treasury
2.	Tuition fee @ Rs. 4000/- per semester	4000	4000/- each	32,000/-	
INSTITUTIONAL DUES					
3.	Documents Verification Fee (updateable)	2100	-	2,100	Payable to concerned B.I.S.E's for documents verification
4.	Computer skill lab fee	3500/-	3500/- each	28,000/-	Computer Lab Development, Maintenance & IT Equipments Purchase etc
5.	Library Development Fee	4,000/-	4,000/- each	32,000/-	Library Development, Purchase of & maintenance
6.	Payment to Visiting Faculty	10,000/-	10,000/- each	80,000/-	Payable to visiting faculty
7.	Recreation	1,000/-	1,000 each	8,000	For Sports, Cultural and Literary activities, etc.
8.	POL transport and Generator & its maintenance	4,000/-	4,000/- each	32,000/-	For Generator during classes hours, Pick & Drop to hospital for clinical duties & field visits as per syllabus/course and for vehicles repair
9.	Internal Evaluation fee	2,400/-	2,400/- each	19,200/-	For printing materials and stationery (exam and test related expenses)
10.	Institute Development / Miscellaneous Charges	4,000/-	4,000/- each	32,000/-	Provision of facilities in accordance with the requirements of the University/HEC, including M&R, and other miscellaneous needs. Arrangement for additional staff where necessary, such as janitorial and security personnel.
11.	Security Fee (Refundable)	4,000/-	-	4,000/-	For adjustment in penalties if notified
	Total (In Rupees)	41,000/-	32,900/- each	271,300/-	

Hostel Dues

S.No	DESCRIPTION	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	TOTAL HOSTEL DUES	REMARKS
01	Maintenance & Miscellaneous Charges	12,000/-	12,000/-	12,000/-	12,000/-	48,000/-	Repair & Maintenance of Hostel
02	Security (Refundable)	5,000/-	-	-	-	5,000/-	For adjustment in penalties if notified
	Grand Total					53,000/-	

Khyber Medical University Charges / Dues

S/No	DESCRIPTION.	1st Semester	2nd - 8th Semester	TOTAL FEE	REMARKS
01	University Registration Fee	2,500/-	-	2,500/-	Any change in fee is subject to KMU Policy time to time
02	Affiliation Retention Fee	3,000/-	-	3,000/-	
03	Examination Fee @ Rs. 1000/- per subject	7,000/-	7,000/-	56,000/-	
	Practical Examination (OSPE & OSCE) @ Rs. 500/- per subject	1,500/-	-	1,500/-	
	Total Dues			63,000/-	

AFFIDAVIT

(To be submitted on Judicial Stamp Paper after selection)

I, Mr. / Mrs. / Miss. _____ Son / Daughter / Wife of _____, selected as an in-service / fresh candidate in the BS Program for session _____ at ZAB-PGPI, Peshawar, solemnly declare that:

- 1. I will abide by all the rules and regulations of the Institute and its hostel (if availed), or as amended from time to time.
- 2. I will not be enrolled in any other course, anywhere at any institute during my BS program tenure.
- 3. I will not engage in any sort of political, linguistic, or sectarian activities, nor will I organize or become a member of any political organization/student body.
- 4. I will not request a change in my assigned discipline at any stage of the course.
- 5. I will not object to any changes in the duration, curriculum, or structure of the course for any unforeseen reasons.
- 6. I will forfeit my security in case of withdrawal of admission or expulsion from the institute on disciplinary grounds. Additionally, I will be liable to deposit Rs. 10,000/- as a penalty to the Government.
- 7. If any document provided by me is found to be fake/irrelevant at any stage, my admission will be canceled without any show-cause notice.
- 8. I will be subject to termination and will not seek legal recourse if found enrolled in or serving at any other institute/university during this program.
- 9. I acknowledge that this BS program aligns with the curriculum and professional standards set by KMU BS Paramedic Sciences Peshawar, including practical training and clinical rotations as required.
- 10. I understand that successful completion of this program will require adherence to the academic and professional conduct guidelines outlined by ZAB-PGPI Peshawar and in accordance with national accreditation standards.
- 11. I agree to attend all mandatory workshops, seminars, and professional development activities as prescribed by the institute.
- 12. I will ensure my active participation in clinical training and practical sessions as per the guidelines of ZAB-PGPI BS Paramedic Sciences Program.
- 13. I acknowledge that failure to meet attendance and academic performance requirements may result in disciplinary action or dismissal from the program.
- 14. I understand that my degree completion is subject to passing all required examinations, completing practical assignments, and fulfilling clinical rotation requirements.

Signature of the Candidate
CNIC No.: _____
Cell No.: _____

Witness No. 1 (Guardian):
Name: _____
Relation: _____
CNIC No: _____
Address: _____

Witness No. 2:
Name: _____
Relation: _____
CNIC No: _____
Address: _____

ATTESTED SIGNATURE: (By 1st Class Magistrate)