LIST OF SELECTED CANDIDATES FOR ADMISSIONS IN "CERTIFICATE IN COGNITIVE BEHAVIORAL THERAPY" AT KMU-INSTITUTE OF PUBLIC MENTAL HEALTH & BEHAVIORAL SCIENCES,HAYATABAD,PESHAWAR (2nd Batch-2026)

Note: All selected candidates are directed to deposit the required admission fee within due date and submit paid copy at admin section of the concerned institute upto 09-07-2026. Please download fee deposit slip from KMU webiste

S/No.	Student Name	Father Name
1	Osama Akhtar	Akhtar Rashid
2	Amir Wahab	Fazal Rahman
3	Tania Hameed Orakzai	Abdul Hameed orakzai
4	Muhammad Mudasser	Mubarak shah
5	Alishba Ikram	Muhammad Ikram
6	Muhammad Aamir Khan	Naimat Ullah Khan Gandapur
7	Javeria Bibi	Abdul qadeer
8	Sundas Saleem	Saleem Javed
9	Qandeel Shahid	Shahid Rafi
10	Tooba Qaiser	Qaiser Khan
11	Uzaimah Riaz	Muhammad Riaz
12	Mah Noor	Malik Rehman
13	Ayesha Hassan	Atta ullah
14	Muddassar Khan	Hirat Khan
15	Sidra bibi Sidra	Abdulkhaliq
16	Asma Syed Bukhari	Syed Muhammad Abdul Samad
17	Aiman Ali khan	Gohar Ali khan
18	Aimen Zubair	Muhammad Zubair
19	Syeda Tooba Araib	Mubashar Shah
20	Shehla	Tahseen ullah
21	Sonam Saboor	Abdus Saboor Khan
22	Muhammad Alam	Gul rahman
23	Usama Gul	Abdul Rahim
24	Hafiza maira mansoor	Mansoor
25	Muhammad Muslim Khan	Muhammad Akbar Khan
26	Saba Urooj	Muhammad Rauf
27	Syeda Farwa Azam	Syed Mir Azam Shah
28	Waqar ahmad	Fida Muhammad
29	Shaila Ghaus	Ghaus ud Din

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(BANK COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2026 **(Batch 2nd)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **09-07-2026**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(KMU TREASURY COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2026 **(Batch 2nd)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **09-07-2026**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(INSTITUTE COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch:Session 2026 **(Batch 2nd)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **09-07-2026**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(STUDENT COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2026 **(Batch 2nd)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **09-07-2026**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory