

# STEP-III



One Passport  
Size Photo  
Paste

Medical  Dental

## National Examination Board for Foreign Medical/Dental Graduates **PAKISTAN MEDICAL & DENTAL COUNCIL**

Mauve Area Sector G-10/4, Islamabad

UAN: 111-321-786, 051-9106151-54 Ext-139, Fax-051-9106159.

**PM&DC – III – C** (for persons who are appearing in step – III OSCE/VIVA Exam)

APPLICATION FORM FOR ISSUANCE OF ADMIT CARD TO APPEAR IN THE NATIONAL EXAMINATION BOARD EXAMINATIONS FOR RECOGNITION AND EQUIVALENCE OF FOREIGN BASIC MEDICAL/DENTAL QUALIFICATION (Step-III OSCE/VIVA Exam)

### TO BE FILLED BY THE CANDIDATE (USE BLOCK LETTERS)

Eligibility No

Eligibility Issued Date

- Roll No of NEB Exam under which you passed Step-II Clinical Subject Theory Examination \_\_\_\_\_
- Name \_\_\_\_\_
- Father's Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Gender  M  F
- National Identity Card No.  -  -
- A bank challan of Rs.15750/- No \_\_\_\_\_ Dated \_\_\_\_\_
- Name of issuing branch \_\_\_\_\_  
(Name of Doctor Must be written on the back side of Bank Challan)
- Postal Address \_\_\_\_\_  
\_\_\_\_\_
- Permanent Address \_\_\_\_\_  
\_\_\_\_\_
- Title of Qualification & Country: \_\_\_\_\_
- Date/year of Qualification: \_\_\_\_\_
- Name of Institution: \_\_\_\_\_

Vide No. & Date of PM&DC Permission Letter to appear in NEB Exam \_\_\_\_\_

I have been permitted by the PM&DC to appear in the registration examination in respect of my foreign qualification. I hereby undertake to abide by all the rules and regulations of PM&DC NEB examination.

- Tel: \_\_\_\_\_ Email: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Applicant

*(Please check the respective box: in case your documents are not complete or attached or attested, your application will be sent back un-action in original)*

	<i>For Applicant</i>	<i>For Office</i>
❖ Permission letter to appear in NEB Exam	<input type="checkbox"/>	<input type="checkbox"/>
❖ Four Recent Passport size photographs, preferably coloured (polarized) duly attested. At least one should be attested on front side.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Evidence of having paid examination fee.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Attested copy of MD/MBBS degree.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Attested copy National Identity Card or equivalent documents like passport (first four pages).	<input type="checkbox"/>	<input type="checkbox"/>
❖ Declaration on a stamp paper of Rs. 100/- duly attested by the Oath Commissioner. (Specimen of affidavit is given below).	<input type="checkbox"/>	<input type="checkbox"/>
❖ Deposit fee of Rs.15,750(Rs.15,000/- as Examination Fee + Rs.750/- application charges) in any UBL online branch across the Country. Draft will not be acceptable. Pakistani doctors applying from foreign countries should pay equivalent amount in foreign exchange through bank Draft/Cashier's Cheque of a recognized bank payable in Pakistan in favour of bank account titled " Pakistan Medical & Dental Council" (without mentioning account number). For further details to submit fee while being abroad kindly visit our website ( <a href="http://www.pmdc.org.pk">www.pmdc.org.pk</a> )	<input type="checkbox"/>	<input type="checkbox"/>

**Attestation:**

- i. All documents shall be attested by relevant Pakistan embassy OR
- ii. By the Professor/Associate/Assistant Professor/Medical Officer of a recognized Medical /Dental College of Pakistan.  
(stamp of the attester must show his name, designation and present working institution).

**(SPECIMEN OF AFFIDAVIT ON RS. 100/- JUDICIAL PAPER)**

I Dr \_\_\_\_\_ S/o/D/o \_\_\_\_\_

Present Postal Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

do hereby solemnly affirm and declare as under:

1. That I am appearing in the examination to be conduct by the National Examination Board at my own risk and will not hold responsible PM&DC or any officer of the PM&DC for any act done by him in this regard.
2. That I will accept the result announced by the National Examination Board.
3. That whatever information I have given in the application form is correct to be best of my knowledge and nothing has been concealed.
4. That I am aware that any wrong information or documents submitted by me may disqualify me from the process of registration with PM&DC and make me liable for criminal prosecution.
5. That on being found guilty, either I may be asked to tender a written apology, or may be debarred to appear in NEB Exam in future (for one year or more term) or disciplinary action against me will be taken if found accused, depending upon severity of misconduct.

**DEPONENT**

Signature & Seal of 1<sup>st</sup> Class Magistrate.



# Pakistan Medical & Dental Council

The Statutory Regulatory & registration Authority for  
Medical & Dental Education and Practitioners for Pakistan

PM&DC Account No: 233551292

Branch Code: 1200

## Bank Receipt



Bank Payment Transaction No. \_\_\_\_\_

For Bank Copy

PV Code / Roll No. \_\_\_\_\_ Dealer Code/CNIC/Passport \_\_\_\_\_

Dealer Name / Applicant Name \_\_\_\_\_

Code	Fee Description	Fee
5	EXAMINATION FEE (NEB)	15750
Fifteen Thousand Seven Hundreds Fifty Rupees Only		Total Amount Payable <b>Rs. 15750/-</b>

Dear Doctor, Prior to leaving UBL cash counter, please ensure that your information on bank receipt is correct, Thanks.  
PM&DC Islamabad.

Challan Valid Upto  
**8th August 2019**



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## Bank Receipt



Bank Payment Transaction No. \_\_\_\_\_

For Candidate Copy

PV Code / Roll No. \_\_\_\_\_ Dealer Code/CNIC/Passport \_\_\_\_\_

Dealer Name / Applicant Name \_\_\_\_\_

Code	Fee Description	Fee
5	EXAMINATION FEE (NEB)	15750
Fifteen Thousand Seven Hundreds Fifty Rupees Only		Total Amount Payable <b>Rs. 15750/-</b>

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