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National Examination Board For Foreign Medical/Dental Graduates
PAKISTAN MEDICAL & DENTAL COUNCIL
Mauve Area Sector G-10/4, Islamabad.

PM&DC-III-A

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.

(FOR OFFICE USE ONLY)

APPLICATION NO _____ DATE _____
RECEIPT NO _____
AMOUNT _____
ROLL NO _____
PERMISSION LETTER NO _____

PHOTO

TO BE FILLED BY THE CANDIDATE

Medical **Dental**

USE BLOCK LETTERS

Name _____

Father's Name _____

Date Of Birth _____ Nationality _____ Gender M F

National Identity Card No

Examination Fee Bank Draft No _____

Date _____ Name Of Bank _____ Amount _____

Postal Address _____

_____ Telephone No. _____

INCOMPLETE APPLICATIONS WILL NOT PROCESSED

**(Affidavit on Rs.100/- Judicial Paper)
Specimen**

I Dr. _____

Son/Daughter of _____

Resident of _____

do hereby solemnly affirm and declare as under:

1. That I am appearing in the examination to be conducted 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 the best of my knowledge and nothing has been concealed.
4. That I am aware that any wrong information or document submitted by me may disqualify me from the process of registration with PM&DC and make me liable for criminal prosecution.

DEPONENT

SIGNATURE AND SEAL OF 1st Class Magistrate.