

To be filled in Quadruplicate  
use additional sheets if  
required

APPENDIX-8

## PAKISTAN MEDICAL & DENTAL COUNCIL

TEL: 051-9106171

Fax No.051-9106159

Website: [www.pmdc.org.pk](http://www.pmdc.org.pk)

E-mail: [pmdc@pmdc.org.pk](mailto:pmdc@pmdc.org.pk)

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

The Registrar  
Pakistan Medical & Dental Council,  
Sector G-10/4, Mauve Area  
Islamabad



Please paste one  
Photograph  
attested by the  
person specified  
on page 8 in  
instruction no 4

### PMDC FORM-III

#### FOR

#### APPLICATION FOR ISSUANCE OF PERMISSION TO APPEAR IN THE NATIONAL EXAMINATION BOARD EXAMINATION FOR RECOGNITION OF OVERSEAS BASIC MEDICAL /DENTAL QUALIFICATION ON INDIVIDUAL MERIT

(Please see instructions carefully on page:7 In case your documents are not complete or attached or attested, your application will be sent back unaction in original))

1. Name \_\_\_\_\_ Sex \_\_\_\_\_
2. Father's/Husband's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ CNIC No. \_\_\_\_\_
4. (i) Present Nationality \_\_\_\_\_ Province \_\_\_\_\_  
  
(ii) Previous, if any (in case of foreign nationals, the purpose for which visa for entry into Pakistan was granted and the intended period of stay in Pakistan may please be stated).
5. Address Present \_\_\_\_\_  
\_\_\_\_\_  
Permanent \_\_\_\_\_  
\_\_\_\_\_
6. Purpose of recognition \_\_\_\_\_

Note:- *Permission Certificate to sit in the National Examination Board Examination shall only be issued after verification of all documents have been received from the issuing authorities.*

