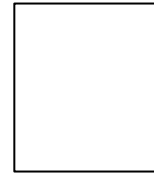




Pakistan Medical & Dental Council

Undergraduate Student Registration Form



Three photos 1x1 inch

Date of Application _____

Title of Qualification	
Name of College:	
Admission Date:	
Session:	
Seat No/Admission No.	
PERSONAL DATA	
Name of Student:	
Father's Name:	
N.I.C. No.	
Date of Birth:	
Permanent Address:	
Postal Address:	
Marks F.Sc/ Percentage:	
Contact details:	Phone:
	Email:
	Fax:

SIGNATURE OF STUDENT _____

FOR THE USE OF THE OFFICE OF THE PRINCIPAL/DEAN

The above particulars of the applicant are certified to be correct and it is further certified that programme of _____ is approved by the PM&DC for undergraduate training.

Seal and Signature of the Principal/Dean _____

(For office use only)

Received Rs.3000/- (Rupees three thousand only) vide receipt No. _____ dated _____

Student Regn No _____

Assistant

Superintendent

Assistant/Deputy Registrar