



APPLICATION FORM
FOR
ISSUANCE OF NOC FOR STUDY ABROAD (UG)

3 color passport
size
photographs

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

Dear Sir,

I intend to proceed for studies abroad and to join a medical/dental (Name of Institution) _____
_____ from the session starting in (Year) _____

I may be issued an NOC for studies abroad as required vide Pakistan Registration of Medical & Dental Practitioners Regulation 2008. I shall present this NOC on my return after acquiring the qualification, after which, I may then be issued eligibility to appear in the National Examination Board examination for the purpose of registration of the basic medical and dental degree with PM&DC (If the college and qualification is not permanently in the schedule of PM&DC). My particulars are as under.

1. Name of applicant _____
2. Father's Name _____
3. Date of Birth _____ 4. CNIC/B. Form No. _____
5. Province _____ 6. E-mail _____

7. Qualification

Name of Qualification	Name of Board/University	Name of Institution	Science Subject	Marks obtained	Total Marks	Percentage
1. SSC						
2. HSSC						

Postal Address _____

Permanent Address _____

I am enclosing copies following attested documents

- i. SSC Certificate
- ii. HSSC Certificate (Pre-Medical above 60% marks)
- iii. Admission offer letter in English language clearly mentioned (Study Program) MBBS/MD/BDS Program _____
- iv. Valid passport
- v. 3 color passport size photograph
- vi. Bank Draft /Pay Order of Rs. 7500/- No. _____ Dated _____
- vii. Name of issuing branch _____
(Name of application must be written on the back side of bank draft)
- viii. Draft in favor of respective based using F.S.C/equivalence certificate (IBCC) for verification.

- Note:
1. All documents shall be attested by Government Gazetted Officer
(Stamp of attester must show his/her name, designation and present working department)
 2. In complete application shall not be entertained and shall be returned unaction to the applicant

I _____
do hereby solemnly affirm and fully understand that I am solely responsible for authenticity of the documents supplied by me and if the documents submitted is found forged or fake, I shall be liable for criminal prosecution under the law.

Your Sincerely

Signature _____

Name _____

Phone No _____

Dated _____