

# STEP-II



One Passport  
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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 – B** (for persons who are appearing in step – II Clinical Subjects Theory 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-II Clinical Subject Theory Exam)

### TO BE FILLED BY THE CANDIDATE

**Eligibility No**

**Eligibility Issued Date**

*USE BLOCK LETTERS*

➤ Roll No of NEB Exam under which you passed Step-I Basic Subject Theory Examination \_\_\_\_\_

➤ Name \_\_\_\_\_

➤ Father's Name \_\_\_\_\_

➤ Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Gender  M  F

➤ National Identity Card No.  -  -

➤ A bank challan of Rs. \_\_\_\_\_ 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 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

