

# STEP-I



One Passport  
Size Photo  
Paste

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 – A** (for persons who are appearing in step – I Basic 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-I Basic Subject Theory Exam)

**TO BE FILLED BY THE CANDIDATE (USE BLOCK LETTERS)**

Eligibility No

Eligibility Issued Date

➤ 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)

➤ Old Roll No of NEB Exam under which you appeared in any previous Step– I Basic Subject Theory Examination and could not qualify. \_\_\_\_\_

➤ 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

*(Please check the respective box: in case your documents are not complete or attached or attested, your application will be sent back un-actioned in original)*

	<i>For Applicant</i>	<i>For Office</i>
❖ Permission letter to appear in NEB Exam	<input type="checkbox"/>	<input type="checkbox"/>
❖ Four Recent Passport size photographs, preferably colored (polarized) duly attested. At least one should be attested on front side.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Evidence of having paid examination fee.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Attested copy of MD/MBBS degree.	<input type="checkbox"/>	<input type="checkbox"/>
❖ Attested copy National Identity Card or equivalent documents like passport (first four pages).	<input type="checkbox"/>	<input type="checkbox"/>
❖ Declaration on a stamp paper of Rs. 100/- duly attested by the Oath Commissioner. (Specimen of affidavit is given at page 3).	<input type="checkbox"/>	<input type="checkbox"/>
❖ Deposit fee of Rs.10,500(Rs.10,000/- as Examination Fee + Rs.500/- application charges) in any UBL online branch across the Country. Draft will not be acceptable. A bank Draft Rs. 10000/ - (Ten Thousand) in favour of PM&DC as examination fee Rs. 500/- as application charges Pakistani doctors applying from foreign countries should pay equivalent amount in foreign exchange through bank Draft/Cashier's Cheque of a recognized bank payable in Pakistan in favour of bank account titled " Pakistan Medical & Dental Council" (without mentioning account number). For further details to submit fee while being abroad kindly visit our website (www.pmdc.org.pk )	<input type="checkbox"/>	<input type="checkbox"/>

**Attestation:**

- i. All documents shall be attested by relevant Pakistan embassy OR
- ii. By the Professor/Associate/Assistant Professor/Medical Officer of a recognized Medical /Dental College of Pakistan.  
(stamp of the attester must show his name, designation and present working institution).

**(SPECIMEN OF AFFIDAVIT ON RS. 100/- JUDICIAL PAPER)**

I Dr \_\_\_\_\_ S/o/D/o \_\_\_\_\_

Present Postal Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

do hereby solemnly affirm and declare as under:

1. That I am appearing in the examination to be conduct 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 be best of my knowledge and nothing has been concealed.
4. That I am aware that any wrong information or documents submitted by me may disqualify me from the process of registration with PM&DC and make me liable for criminal prosecution.
5. That on being found guilty, either I may be asked to tender a written apology, or may be debarred to appear in NEB Exam in future (for one year or more term) or disciplinary action against me will be taken if found accused, depending upon severity of misconduct.

**DEPONENT** Signature of  
Seal of 1<sup>st</sup> Class Magistrate

**Pakistan Medical & Dental Council**The Statutory Regulatory & Registration Authority for  
Medical & Dental Education and Practitioners for Pakistan**Pakistan Medical & Dental Council**The Statutory Regulatory & Registration Authority for  
Medical & Dental Education and Practitioners for Pakistan**Pakistan Medical & Dental Council**The Statutory Regulatory & Registration Authority for  
Medical & Dental Education and Practitioners for PakistanChallan Expiry Date : 15 Febraury, 2018**Bank Receipt**PMDC Account No: 233551292 - Branch Code: 1200

For Bank Copy.

Bank Payment Transaction No \_\_\_\_\_ Registration No \_\_\_\_\_

PV Code / Challan No:	_____ (Write your CNIC without dashes)
Dealer Code / CNIC / Passport	_____
Dealer Name / Applicant Name	_____

Code	Fee Description	Fee
5	EXAMINATION FEE (NEB)	10500

Total Amount Payable : **10500**

Ten Thousand Five Hundreds Rupees Only

Challan Valid Upto **15 Febraury, 2018**

Dear Doctor,  
Prior to leaving UBL cash counter, please ensure that your information on bank receipt is correct.  
Thanks  
PM&DC Islamabad

Challan Expiry Date : 15 Febraury, 2018**Bank Receipt**PMDC Account No: 233551292 - Branch Code: 1200

PM&amp;DC Copy

Bank Payment Transaction No \_\_\_\_\_ Registration No \_\_\_\_\_

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Dealer Name / Applicant Name	_____

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Thanks  
PM&DC Islamabad

Challan Expiry Date : 15 Febraury, 2018**Bank Receipt**PMDC Account No: 233551292 - Branch Code: 1200

For Candidate Copy

Bank Payment Transaction No \_\_\_\_\_ Registration No \_\_\_\_\_

PV Code / Challan No:	_____ (Write your CNIC without dashes)
Dealer Code / CNIC / Passport	_____
Dealer Name / Applicant Name	_____

Code	Fee Description	Fee
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