APPLICATION FORM FOR OBTAINING A CERTIFICATE FROM M/O NATIONAL HEALTH SERVICES REGULATIONS & COORDINATION, ISLAMABAD FOR DOCTORS DESIRING TO PROCEED ABROAD FOR POST GRADUATION STUDIES / TRAINING.

**NATURE OF DOCUMENT REQUIRED FOR JI- VISA (LETTER OF NEED / LETTER OF EXCEPTIONAL NEED**)

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| --- | --- | --- |
| Name of applicant  | : |  |
| Father’s Name  | : |  |
| Domicile | : |  |
| Date of Birth  | : |  |
| Education / Qualification | : |  |
| CNIC No. | : |  |
| Correct E.mail Address (valid) | : |  |
| Where and when the house job was done and in which subject. | : |  |
| Marital status | : |  |
| Name of College from which the Degree of MBBS was received and the year (copy) PMDC Certificate (copy) | : |  |
| Description of posts held after completion of House Job | : |  |
| Presently serving in  | : |  |
| Are you serving government employee | : |  |
| Description of required training abroad. | : |  |
| Whether training facilities are available in Pakistan in the required field. | : |  |
| Whether admission received from the Institution abroad (copy) | : |  |
| The name of educational institution abroad where the applicant wishes to study. | : |  |
| Duration of Postgraduate course with the date of its commencement | : |  |
| Undertaken that after the training abroad shall return to Pakistan and serve (affidavit) | : |  |

2. Copies of all attached documents are attested by Notary Public/Gazetted Officer.

3. The above mentioned information / documents are correct / true and nothing has been concealed there-from.

Date:\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SUPPORTING DOCUMENTS FOR LETTER OF NEED TO DOCTORS** |
| 1. Application form (Filled by the applicant and signed)
2. Letter of contract (Fresh House staff agreement)
3. Valid PMDC registration duly verified by PMDC
4. Valid Copy of Passport
5. Copy of ECFMG Certificate
6. Copy of previous Letter of Need must be provided, if obtained from this Office.
7. Fresh Affidavit of Rs.20/-(Specimen given below)
8. Person submitting documents on behalf of applicant must bring along an Authority Letter from applicant with his/her CNIC Copy
9. Letter of employment will not be entertained.
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SPECIMEN AFFIDAVIT

Rs.20/-

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/O,D/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby solemnly affirm and declare as under:

1. This affidavit for obtaining the NOC for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/ O,D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from Ministry of National Regulations and Services, Islamabad.
2. That I am the citizen of Pakistan by birth and applying the above NOC for training in \_\_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. That I have passed MBBS from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year\_\_\_\_\_\_\_\_\_ and a Registered Medical Practitioner by PMDC.
4. That I intend to undergo residency training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_ years and will return back to my country to serve medical community here.
5. That my above statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place:\_\_\_\_\_\_\_ Deponent\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_