**APPLICATION FORM**

FOR OBTAINING A CERTIFICATE FROM

Ministry OF NATIONAL HEALTH SERVICES REGULATIONS & COORDINATION

ISLAMABAD.

FOR DOCTOR’S OVERSEAS POST GRADUATION STUDIES / TRAINING

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| 1. Name of applicant: |  | |
| 1. CNIC No: |  | |
| 1. Email address: |  | |
| 1. Cell phone: |  | |
| 1. Present address: |  | |
| 1. Education / Qualification: |  | |
| 1. USMLE/ECFMG ID Number: |  | |
| 1. PMC registration number: |  | |
| 1. Are you a serving government employee? Yes / No (circle relevant) | |  |
| 1. Speciality area for which overseas training is sought: | | |

1. Undertaken that after the training abroad I shall return to Pakistan and serve: -

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

1. This statement for obtaining the Statement of Need / Statement of Exceptional Need from Ministry of National Health Services, Regulations and Coordination, Islamabad.
2. That I am the citizen of Pakistan by birth and applying the Statement of Need / Statement of Exceptional Need for training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. That I have passed MBBS from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year\_\_\_\_\_\_\_\_\_
4. That I intend to undergo post-graduate / residency/ fellowship training in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_ years and will return back to my country.
5. That my above statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.
6. The above mentioned information / attached documents are correct / true and nothing has been concealed there-from

Place: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **NATURE OF DOCUMENT REQUIRED FOR JI- VISA (STATEMENT OF NEED / STATEMENT OF EXCEPTIONAL NEED**) |
| 1. Application form (Filled by the applicant and signed) 2. Offer Letter / Letter of contract (Fresh House Staff Agreement) 3. Copy of ECFMG Certificate 4. Copy of CNIC / NICOP / Passport 5. Graduates who are not registered from Pakistan Medical Commission (PMC) have to submit an undertaking that they will obtain PMC License and get their qualification registered within a year of completion of training. |

\**If the applicant needs original SoN, can request in writing to be E-mailed to the provided E-mail address OR Someone else may bring a signed authority letter from the applicant with the copy of applicant’s CNIC/Passport copy and collect original SoN on behalf of the applicant from the address given below.*

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| **IF SENDING VIA COURIER SERVICE:**  **THE MAILING ADDRESS IS:**  Dr. Nusrat Haider  (Assistant Director Attestation)  Ministry of National Health Services, Regulations & Coordination, 3rd Floor, Kohsar Block, Pak Secretariat, Islamabad.44000  Telephone No: +92-51-9245692 | **IF SENDING ELECTRONICALLY:**  **EMAIL ADDRESS IS:**  [attestation@nhsrc.gov.pk](mailto:attestation@nhsrc.gov.pk)  OR  adattestation72@gmail.com |