

APPLICATION FORM FOR OBTAINING NO OBJECTION CERTIFICATION FROM M/O NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION FOR DOCTORS DESIRING **TEMPORARY REGISTRATION WITH PM&DC** FOR POST GRADUATE STUDIES / TRAINING

Name of applicant

Father's Name

Province / District 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.

Description of posts held after completion of House Job

Presently serving in

Description of required training in Pakistan

Whether training facilities are available in your country in the required field.

Whether admission received from the Institution in Pakistan.

The name of educational institution in Pakistan where the applicant wishes to study.

Duration of Postgraduate course with the date of its commencement

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: \_\_\_\_\_

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

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**SUPPORTING DOCUMENTS FOR ISSUANCE OF NOC**

- i. Letter from HEC
  - ii. Letter from Institute where the applicant is admitted.
  - iii. Joining report in the institute.
  - iv. MBBS/MD Degree.
  - v. Transcript of Degree.
  - vi. A copy of passport.
  - vii. A copy of letter from their Embassy.
  - viii. Fresh Affidavit (Notarized from Notary Public in original)
  - ix. NOC from Ministry of Interior.
  - x. All copies should be attested from Notary Public.
- Fresh Affidavit of Rs.20/- (Specimen given below).  
(If documents are submitted by any other person, authority letter from the concerned person to receive the same must be provided).

**RS.20/-**

**AFFIDAVIT**

I, \_\_\_\_\_ s/o \_\_\_\_\_, resident of \_\_\_\_\_ holding Afghan Citizen Card No. \_\_\_\_\_ do hereby solemnly affirm and declare as under:

- i That I am permanent resident of \_\_\_\_\_ ( a copy of Domicile Certificate or National Identity Card is attached).
- ii Have passed my F.Sc Examination from \_\_\_\_\_.
- iii That I have passed my Medical qualification namely \_\_\_\_\_ from \_\_\_\_\_
- iv That I have been admitted as post graduate trainee in \_\_\_\_\_ from \_\_\_\_\_.
- v I am the same person who obtained the above academic and Medical and Dental Qualification.

Whatever is stated above is true to the best of my knowledge and belief and nothing has been suppressed or concealed by me in this behalf. All the documents submitted by me to M/o NHSR&C for registration are genuine and if found forged, criminal proceeding may be initiated against me according to the law.

**Deponent \_\_\_\_\_  
Name/Address/ID Card No.**