

APPLICATION FORM FOR OBTAINING NOC FROM M/O NATIONAL HEALTH SERVICES REGULATION & COORDINATION FOR FOREIGN MEDICAL PRACTITIONER FOR THE PURPOSES OF TEACHING, RESEARCH OR PRACTICE MEDICINE IN PAKISTAN U/S 5 (iv) OF THE PAKISTAN REGISTRATION OF MEDICAL AND DENTAL PRACTITIONERS REGULATIONS 2008

(Please read the instructions carefully given in Appendix-I before filling the form)

1. NAME OF THE APPLICANT.
(IN BLOCK LETTERS)

2. FATHER'S/ HUSBAND'S NAME.
(IN BLOCK LETTERS)

3. PRESENT CORRESPONDENCE ADDRESS.

4. PHONE, FAX NO. & E-MAIL ADDRESS.

5. DATE OF BIRTH & NATIONALITY.

6. NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND UNIVERSITY WITH THE MONTH AND YEAR OF PASSING THE QUALIFICATION.

7. WHETHER PREVIOUSLY VISITED IN PAKISTAN IF SO, DATE, PERIOD AND PLACE OF PREVIOUS.

8. REGISTRATION PARTICULARS:-
 - (a) ARE YOU REGISTERED AS A MEDICAL PRACTITIONER IN YOUR OWN COUNTRY? IF SO PROVIDE THE NAME OF THE BODY WITH WHICH

REGISTERED WITH THE REGISTRATION/LICENSE NUMBER AND DATE.

(b) ARE YOU REGISTERED IN ANY OTHER FOREIGN COUNTRY? IF SO, GIVE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMER AND DATE OF REGISTRATION.

(c) WHETHER THE REGISTRATION/ LICENSE IS RENEWABLE OR PERMANENT.

9. NAME OF THE HOSPITAL/INSTITUTE IN PAKISTAN WITH COMPLETE ADDRESS FOR THE PURPOSES OF TEACHING/ RESEARCH/PRACTICE MEDICINE.

10. PROPOSED DATE OF RESEARCH/PRACTICE MEDICINE AND TOTAL TENURE.

11. NAME OF THE PERSON IN THE INSTITUTION/HOSPITAL IN PAKISTAN WHO WILL BE RESPONSIBLE FOR THE LEGAL ISSUES REGARDING THE PATIENT CARE PROVIDED BY THE DOCTOR CONCERNED.

12. IS THE EMPLOYMENT IS TEMPORARY OR PERMANENT OR FOR A LIMITED PERIOD PLEASE SPECIFY.

SIGNATURE AND STAMP OF THE
HEAD OF THE INSTITUTE/HOSPITAL

SIGNATURE OF
THE APPLICANT

DATE: _____

PLACE: _____

APPENDIX-I
INSTRUCTIONS

1. The application form should be properly filled in by the applicant and should be submitted along with the following documents in duplicate sets: -
 - a) Copy of current registration certificate in your own country duly attested by the respective council. In case, the documents are in language other than English true copy of the document(s) alongwith authenticated copy of the same in English version, be attached with the application.
 - b) A certificate from the head of the institution/hospital under which the candidate is employed / to be employed to the effect that services rendered by the foreigner are for the purpose of teaching, research or practice medicine in Pakistan and not for personal gain.
 - c) Copy of passport.
 - d) Copies of all degree/diploma. In case, the documents are in language other than English true copy of the document(s) alongwith authenticated copy of the same in English version, be attached with the application.
 - e) Appointment/Acceptance letter from the Pakistan Institute/Hospital concerned.
 - f) Letter from Hospital/Institute that after completion of Tenure of the said Foreign National practitioner the status of the foreign National practitioner will be informed to M/o NHS,R&C and M/o Interior accordingly.
 - g) Undertaking by the applicant that he/she will not open/manage his/her own private health institute.

2. **Application for temporary permission for Foreign Nationals for training/practice in Pakistan must be received through the hospital/institute in Pakistan alongwith all documents as mentioned above. No direct application from the foreign nationals will be entertained.**

Application must be received in the Ministry at least 30 days in advance from the scheduled starting date of training/practice in a hospital/institute.

3. Applicant is advised to retain copy of his/her application for future reference.

Check List for Submission of Documents for Teaching/Research or Institutional Services

Yes
No

1. Application form (Two Sets) along with two passport sized photographs.

Yes
No

2. Certificate of permanent Registration (Two sets).

Yes
No

3. Copies of degree or diploma or certificate (Two sets).

Yes
No

4. Copy of passport (Two sets).

Yes
No

5. Appointment letter from the Hospital/Institution concerned in Pakistan (Two sets).

6. Letter from the College/Hospital where the appointment has been made that the services of Foreign National is not for personal gain but for the purpose of teaching, research or practice medicine in Pakistan.

Yes
No

7. Letter from Hospital/Institute that after completion of tenure of the said foreign National practitioner the status of the foreign National practitioner will be informed to M/o NHS, R&C and M/o Interior accordingly.

Yes
No

APPLICATION FORM FOR OBTAINING NOC FROM M/O NATIONAL HEALTH SERVICES REGULATION & COORDINATION FOR FOREIGN MEDICAL PRACTITIONER FOR THE PURPOSE OF PG TRAINING IN PAKISTAN U/S 5 (iv) OF THE PAKISTAN REGISTRATION OF MEDICAL AND DENTAL PRACTITIONERS REGULATIONS 2008

(Please read the instructions carefully given in Appendix-I before filling the form)

1. NAME OF THE APPLICANT (IN BLOCK LETTERS).
2. FATHER'S / HUSBAND'S NAME (IN BLOCK LETTERS).
3. PRESENT CORRESPONDENCE ADDRESS.
4. PHONE, FAX NO. & E-MAIL.

5. DATE OF BIRTH & NATIONALITY.
6. NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND UNIVERSITY WITH THE MONTH AND YEAR OF PASSING THE QUALIFICATION.
7. WHERE AND WHEN HOUSE JOB WAS DONE AND IN WHICH SUBJECT.
8. DESCRIPTION OF POSTS HELD AFTER COMPLETION OF HOUSE JOB.
9. WHETHER PREVIOUSLY VISITED IN PAKISTAN IF SO, DATE, PERIOD AND PLACE OF PREVIOUS.

10. REGISTRATION PARTICULARS:-

(A) ARE YOU REGISTERED AS A MEDICAL PRACTITIONER IN YOUR OWN COUNTRY? IF SO PROVIDE THE NAME OF THE BODY WITH WHICH REGISTERED WITH THE REGISTRATION/LICENSE NUMBER AND DATE.

(B) ARE YOU REGISTERED IN ANY OTHER FOREIGN COUNTRY? IF SO, GIVE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMBER AND DATE OF REGISTRATION.

(C) WHETHER THE REGISTRATION/LICENSE IS RENEWABLE OR PERMANENT.

11. NAME OF THE HOSPITAL/INSTITUTE IN PAKISTAN WITH COMPLETE ADDRESS FOR THE PURPOSES OF POST GRADUATE TRAINING.

12. PROPOSED DATE OF TRAINING AND TOTAL TRAINING PERIOD.

13. NAME OF THE PERSON IN THE INSTITUTION/HOSPITAL IN PAKISTAN WHO WILL BE RESPONSIBLE FOR THE LEGAL ISSUES REGARDING THE PATIENT CARE PROVIDED BY THE DOCTOR CONCERNED.

14. IS THE EMPLOYMENT IS TEMPORARY OR PERMANENT OR FOR A LIMITED PERIOD PLEASE SPECIFY.

APPENDIX-I
INSTRUCTIONS

1. The application form should be properly filled in by the applicant and should be submitted along with the following documents in duplicate sets: -
 - a) Letter from HEC.
 - b) Copy of letter from respective Embassy.
 - c) NOC from M/o Interior.
 - d) Copy of current registration certificate in your own country duly attested by the respective council. In case, the documents are in language other than English true copy of the document(s) alongwith authenticated copy of the same in English version, be attached with the application.
 - e) A certificate from the head of the institution/hospital under which the candidate is employed / to be employed to the effect that services rendered by the foreigner are for the purpose of teaching, research or practice medicine in Pakistan and not for personal gain.
 - f) Copy of passport.
 - g) Copies of all degree/diploma and transcript of degree in case, the documents are in language other than English true copy of the document(s) alongwith authenticated copy of the same in English version, be attached with the application.
 - h) Sponsorship/Appointment/Acceptance letter from the Pakistan Institute/Hospital concerned.
 - i) Letter from Hospital/Institute that after completion of Tenure of the said Foreign National practitioner the status of the foreign National practitioner will be informed to M/o NHS,R&C and M/o Interior occurred.
 - j) Undertaking by the applicant that he/she will not open/manage his/her own private health institute

2. **Application for temporary permission for Foreign Nationals for training/practice in Pakistan must be received through the hospital/institute in Pakistan alongwith all**

documents as mentioned above. No direct application from the foreign nationals will be entertained.

Application must be received in the Ministry at least 30 days in advance from the scheduled starting date of training/practice in a hospital/institute.

3. Applicant is advised to retain copy of his/her application for future reference.

Check List for submission of documents for PG Trainees.

Yes
No

1. Application form (Two Sets) along with two passport sized photographs.

Yes
No

2. Letter From HEC.

Yes
No

3. Copy of letter/NOC from Embassy.

Yes
No

4. NOC from Ministry of Interior.

Yes
No

5. Copies of degree or diploma or certificate (Two sets).

Yes
No

6. Transcript of degree.

Yes
No

7. Certificate of permanent Registration (Two sets).

Yes
No

8. Sponsorship/Appointment/Acceptance letter from the Hospital/Institution concerned in Pakistan (Two sets).

Yes
No

9. Copy of passport (Two sets).

10. Admission letter from the college/hospital where the training is to be scheduled.

Yes
No

11. Fresh Affidavit (Notarized from Notary Public in original) of Rs. 20/- specimen given below.

AFFIDAVIT

I, _____ S/O _____, resident of _____ holding _____ 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.
- vi. I will not open/manage my own private health institute.

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 NHR&C for registration are genuine and if found forged, criminal proceeding may be initiated against me according to the law.

Deponent_____

Name/Addressed/ID Card No.

12. Letter from Hospital/Institute that after completion of Training of the said foreign National practitioner the status of the foreign National practitioner will be informed to M/o NHS, R&C and M/o Interior accordingly.

