

## PAKISTAN MEDICAL & DENTAL COUNCIL

## Undergraduate Student Registration form



three photos 1X1 inch

		Dat	e of Application_	
Tile of Qualification	n l			
Name of College	711			
Admission date				
Session date				
	n No			
Seat No/Admission		RSONAL DA	ТА	
N CC+ 1 +	FE	RSUNAL DA	IA	
Name of Student				
Father's Name				
CNIC No.				
Date of Birth				
Permanent Addres	S			
Postal Address				
Marks F.Sc/Percer	itage			
Contact details	Phone			
	Email			
	Fax			
<ul><li>ii. Attested copy</li><li>iii. Attested copy</li><li>iv. Student regis</li></ul>	tration form duly filled and ver of F.Sc.(Pre-Medical)/IBCC p of CNIC/B-Form. tration fee. documents must be attested  Equivalent to re University. (but not less than	by the respective egistration fee 3000/-)	alence certificate ve Principal.) being charged	by the affiliating
The above particula programme of	vide receipt	ed to be correct oved by the PN	t and it is furth  A&DC for unde	ner certified that ergraduate training
Assistant	Superintendent		Assistant/	Deputy Registrar

## Documents required:-

- i. Student registration form duly filled and verified by Principal .
- ii. Attested copy of F.Sc(Pre-Medical)/IBCC permanent equivalence certificate.
- iii. Attested copy of CNIC/B-Form.
- iv. Student registration fee.

Note:- (all required documents must be duly attested by the Principal.)

## Fee Schedule

Public Colleges	Equivalent to registration fee being charged by		
	the affiliating University.		
	(but not less than 3000/-)		
Private Colleges	Equivalent to registration fee being charged by		
	the affiliating University.  (but not less than 5000/-)		