



# Pakistan Medical & Dental Council

## Undergraduate Student Registration Form

APPENDIX-9

Date of Application \_\_\_\_\_

|                                      |  |
|--------------------------------------|--|
| Title of Qualification               |  |
| Name of College:                     |  |
| Admission Date:                      |  |
| Session:                             |  |
| Seat No/Admission No.                |  |
| <b>PERSONAL DATA</b>                 |  |
| Name of Student:                     |  |
| Father's Name:                       |  |
| N.I.C No.                            |  |
| Date of Birth :                      |  |
| Permanent Address:                   |  |
| Postal Address                       |  |
| Marks F.Sc/Percentage:               |  |
| Contact details: Phone,<br>Email etc |  |

SIGNATURE OF STUDENT \_\_\_\_\_

### FOR THE USE OF THE OFFICE OF THE PRINCIPAL/DEAN

The above particulars of the applicant are certified to be correct and it is further certified that programme of \_\_\_\_\_ is approved by the PM&DC for undergraduate training.

Seal and Signature of the Principal/Dean \_\_\_\_\_

(For office use only)

Received Rs. 500/- (Rupees five hundred only) vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_  
Student Regn No. \_\_\_\_\_

Assistant

Superintendent

Assistant/Deputy Registrar