



Pakistan Medical & Dental Council

Undergraduate Student Registration Form



Three photos 1x1 inch

Date of Application _____

Title of Qualification	M.B.B.S.
Name of College:	ALLAMA IQBAL MEDICAL COLLEGE, LAHORE
Admission Date:	
Session:	2018-2019
Seat No/Admission No.	
PERSONAL DATA	
Name of Student:	
Father's Name:	
N.I.C. No.	
Date of Birth:	
Permanent Address:	
Postal Address:	
Marks F.Sc/ Percentage:	
Contact details:	Phone:
	Email:
	Fax:

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 M.B.B.S. is approved by the PM&DC for undergraduate training.

Seal and Signature of the Principal/Dean _____

(For office use only)

Received **Rs.3000/-** (Rupees three thousand only) vide receipt No. _____ dated _____

Student Regn No _____

Assistant

Superintendent

Assistant/Deputy Registrar

KNOW ALL MEN BY THESE PRESENTS

THAT I/WE (Name of the candidate) of MBBS Class of Allama Iqbal Medical College Lahore hereby bind ourselves heirs, executors and administrators, jointly and severally to the Governor of the Punjab for the payment of him a sum of Rs. 03 million on demand.

WHEREAS the above bounder (Name of the candidate) admitted in First Year MBBS Class Session 2017-18 in Allama Iqbal Medical College Lahore on a clear undertaking by him that he/she would join Government of Punjab Health Department as "Probationary Medical Officer/Woman Medical Officer" in the primary healthcare facilities for a one year after completing the foundation year/house job. In case he/she fails the commitment he/she shall be liable to pay Rs. 03. Million to the Government.

Signature of Candidate

AND WHEREAS I/WE (Name of the Surety) being surety of (Name of the candidate) here by bound himself/ourselves that in case of failure for not fulfilling the above mentioned conditions by the student name mentioned above I/We shall pay the sum of Rs. 03 million to Government of the Punjab or Allama Iqbal Medical College, Lahore.

SIGNATURE OF THE CANDIDATE

Signature of the Surety

Signature of the Witness and Full Address

1. _____

2. _____

Attested by Civil Judge/1st class Magistrate

