

APPLICATION FORM FOR ATTESTATION OF DOCUMENTS FROM M/O NATIONAL HEALTH SERVICES REGULATIONS & COORDINATION, ISLAMABAD FOR DOCTORS, PARAMEDICS, PHARMACISTS, HOMEOPATHICS, NURSES, TABIBS AND PHYSIOTHERAPISTS DESIRING TO PROCEED ABROAD FOR JOB.

PERSONAL INFORMATION

Name of applicant : _____
Father's Name : _____
Domicile : _____
Date of Birth : _____

Education / Qualification

1. Basic : _____
2. Graduate : _____
3. Postgraduate : _____

CNIC No. : _____

Correct e-mail Address (valid) : _____

Marital status : _____

Name of College from which the Degree received and Year : _____

Description of pervious employments (designation, name of institute and duration in year) : _____

*Can attach additional page : _____

Are you presently serving in government/semi : _____

Govt./Autonomous/private institution : _____

Presently serving in and as (designation, name of institute and duration in year) : _____

OVERSEAS EMPLOYMENT INFORMATION

Name of country and city : _____

Name of the institution : _____

Post to be held : _____

Tentative date of joining : _____

REQUIRED DOCUMENTS TO ATTACH

1. Application Form
2. Affidavit (Attested by Oath Commissioner / Notary Public) Signature: _____
3. Copy of Degree/Diploma from the faculty/board/university. Full Address in Pakistan: _____
4. Copy of valid PMDC Certificate (for doctors) _____
5. Copy of CNIC (valid) _____
6. Copy of passport (valid) _____
7. Copy of all documents/experience certificates submitted for attestation. Contact No. _____
Date: _____

Note: 1. All copies should be attested.
2. Read SOPs carefully before submission of documents for attestation.

SPECIMEN AFFIDAVIT FOR DOCUMENTS ATTESTATION

On Stamp Paper Rs.20/-

I _____ S/O, D/O _____ CNIC No. _____
_____ hereby submits the following documents for attestation to the Ministry of National Health Services, Regulations & Coordination, G-5/2, Islamabad on behalf of _____ S/O, D/O _____ CNIC No. _____.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

2. I further confirm that the above documents submitted for attestation are correct and free of any administrative and legal discrepancy / deficiency and I will be responsible for incorrect or invalid information, if any pertaining to the above documents for any administrative or legal consequence.

Signature: _____

Name: _____

Address: _____

Mobile #: _____

Date: _____