

NATIONAL COUNCIL FOR TIBB



APPLICATION FORM FOR REGISTRATION OF PRACTITIONERS OF UNANI / AYURVEDIC SYSTEMS OF MEDICINE

Three copies of passport size photograph

To,
The Registrar,
National Council for Tibb,

Particulars of applicant:

1. Name in block letters (English) _____
" " (Urdu) _____
2. Father's Name (English) _____
(Urdu) _____
3. Address: (a) Present _____
(b) Permanent _____
(in Urdu) _____
(c) Phone No. _____ (d) Cell No. _____
(e) Whatsapp No. _____ (f) E-mail _____
4. CNIC No. _____
5. Date of Birth _____ 6. Sex _____ 7. Religion _____
8. Nationality _____ 9. Academic Qualification _____
10. Qualification on the basis of which registration required
 - (a) Have you passed examination from any approved Institution? If so, give-
 - (i) Name of the Institution _____
 - (ii) Year of Passing _____
 - (iii) Degree / Diploma / Certificate obtained _____
 - (b) Have you ever been registered with any Unani Board in any Foreign Country? If so, give registration number and other details _____
 - (c) Have you passed examination from any recognized Institution? If so, give
 - (i) Name of the Institution _____
 - (ii) Year of passing _____
 - (iii) Degree / Diploma / Certificate obtained _____
 - (iv) Roll No. _____ (v) Enrolment No. _____
 - (d) Professional experience:
 - (i) Teaching experience _____
 - (ii) Publications _____
 - (iii) Research _____
 - (iv) Basic knowledge of *Unani/Ayurvedic _____

I solemnly declare that the above information given by me is true to the best of my knowledge and belief and that nothing has been withheld or concealed.

I shall abide by the rules and regulations laid under the Unani/Ayurvedic and Homoeopathic Practitioners Act, 1965.

Dated _____

Signature of the Applicant

CERTIFICATE

I certify that the applicant who has put his signature in my presence is not related to me and that the particulars given by him are true to the best of my knowledge.

Name, Signature, Designation & Seal

- Note: 1. The certificate must be signed by a first class Magistrate or an officer of Grade-17 or above or a member of the National Assembly or a Provincial Assembly or the Chairman of a Union Council.
2. The application must be accompanied by :-
- a. A bank draft or postal order of Rs. 1894 /- drawn in favour of the council as registration fee.
 - b. 3 copies of passport size photograph of the applicant and
 - c. Photostate or attested copies of certificates, diplomas, degree and testimonials etc. duly attested by an officer Grade-16 or above.
3. Strike if not applicable.

TO BE FILLED IN BY THE OFFICE OF THE COUNCIL FOR TIBB, ISLAMABAD

The particulars noted above have been checked from the office record and found correct.

**Signature of Incharge Examination
Section**

Registration fee has been received vide
Receipt No. _____ Dated _____

Signature of Accountant

The applicant has been registered under Registration No. _____

REGISTRAR

Note:- PLEASE WRITE DOWN NAME AND DATE.

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HOUSE JOB CERTIFICATE (Apprenticeship)

This is to certify that

Mr/Miss _____
S/o. D/o _____ *who passed his/her*
Fazal-e-Tibb-Wal-Jarahaat examination from the National Council for Tibb, in the year _____
under Roll No. _____ *Enrolment No.* _____ *has completed his/her six months*
House Job period from _____ *to* _____ *under my supervision.*

During this period of Clinical Training He/She has trained in the following Areas:

- **Diet therapy** (علاج بالغذا) -
- **Clinical Practice of Unani/Natural Medicine** (علاج بالدوا) -
- **Regimental Therapy** (علاج بالتدبير) (Hijama, Fasad, Leach therapy, Acupuncture, Massage, Aroma therapy, Wooden therapy, Hamam, etc) -
- **JARRAHAT** (علاج باليد) (Bone setting, Sprain, Strain, Treatment of bone & joint displacement, Simple fracture, Vertebral alignment, Dressing of wounds etc -
- **PHARMACY** (دواسازی) -

Signature of Tabeeb/Tabeeba/Vaid: _____

Signature of Trainee

Name Tabeeb/Tabeeba/Vaid: _____

Registration No: _____

Name of Matab/Clinic: _____

Address: _____
