

National Council for Tibb



APPLICATION FOR VERIFICATION OF DIPLOMA/REGISTRATION OF PRACTITIONERS OF UANI/AYURVEDIC SYSTEMS OF MEDICINE

TO,

The Registrar,
National Council for Tibb,
Islamabad

a) Particulars of Applicant:

Name in Block letters (English) _____
Father Name: _____
Address: _____
CNIC No. _____ Telephone _____ Mob. _____
Email: _____
Registration No. _____ Date of Issue _____ Valid upto _____
Diploma Sr.No. _____ Date of Issue _____ Enr No. _____
Roll No. _____ College Name: _____
Passed the examination of Fazil-ut-Tibb -Wal -Jarajat held in _____

b) Name of certificates/sanads/Diplomas(To be attached)

- 1) _____
- 2) _____
- 3) _____

c) Certificate

I hereby solemnly declare that the documents presented/attached are genuine, and have neither been altered nor tampered with. I understand that in case of falsification of documents tendered or the wrong information supplied/ concealment of correct information, I shall be held responsible for the legal /criminal action. I enclosed the required documents and request for attestation.

Date: _____

Signature of applicant _____

For office use.

d) Fee

Fee paid Rs. _____ Bank DD/PO/On line/ Direct Deposit/Receipt No. _____

Dated: _____ Bank _____ drawn on _____

Accountant _____

e) Documents Verified

Section Incharge _____ Registrar NCT _____