

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad.
Website : www.pmdc.org.pk



CERTIFICATE OF FULL MEDICAL REGISTRATION

License to Practice

Registration Number : 48284-S
Name : RAJESH KUMAR
Father Name : NARSOO LAL HINDU
Present Address : FLAT.NO.710 BLOCK-D NAZ PLAZA M.A JINAH ROAD
OPPOSITE NISHAT CINEMA KARACHI
Permanent Address : R.S MEDICINE HOUSE SHAHI BAZAR
KANDHKOT KASHMORE
Registration Date : 14/04/2005 Name Retained Upto 31/12/2019



Qualification & Date	Institute/University	Year
1 M.B.,B.S. (BASIC MEDICAL QUALIFICATION)	[LIAQUAT UNIV. JAMSHORO] [CHANDKA MEDICAL COLLEGE, LARKANA]	2005
2 F.C.P.S. (CARDIOLOGY)	[COLL.OF PHYSICIANS & SURGEONS PAKISTAN] [NATIONAL INST.OF CARDIOVESCVLAR DISEASES,KAR.]	2014

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners (Part-A) in respect of the medical practitioner specified therein. He/she is authorized to practice Basic Medicine, Surgery, Obstetrics & Gynaecology, Ophthalmology and Otorhinolaryngology and will be considered a specialist of the level mentioned and in the field of which any additional postgraduate qualification is registered herein.

IMPORTANT NOTICE:

1. The Registered Medical Practitioner should apply for revalidation of this certificate/retention of his/her name on the medical register three months before the date of retention expires.
2. Every Registered Medical Practitioner should be careful to send to the Registrar immediate notice within 30 days of any change in his/her address and also to answer enquiries that may be sent to him/her by the Registrar in regard thereto in order that his/her correct address may be duly inserted otherwise such practitioner is liable to have his/her name removed from the Register.
3. PMDC shall maintain your name in the register of medical practitioners only till the date of retention mentioned on this Certificate. Further retention will only be possible on payment of prescribed fee.



Signature