

PAKISTAN MEDICAL COMMISSION

(SUCCESSOR OF PAKISTAN MEDICAL & DENTAL COUNCIL)
G-10/4, Mauve Area, Islamabad
Website : www.pmc.gov.pk



CERTIFICATE OF FULL MEDICAL REGISTRATION *License to Practice*

Registration Number : 12921-N
Name : ASFANDIYAR
Father Name : HABIB UR REHMAN
Present Address : H.NO.1 STREET.NO.1 SECTOR H-2
PHASE.2 HAYATABAD PESHAWAR
Permanent Address : VILLAGE GHULAMAN P.O KARNAL SHER KILLI
TEHSIL RAZAR DISTRICT SWABI



Registration Date : 28/07/2006 **Name Retained Upto** 31/12/2022
Qualification & Date **Institute/University** **Year**
1 M.B.,B.S. (BASIC MEDICAL QUALIFICATION) [PESHAWAR UNIVERSITY] 2005
2 F.C.P.S. (CARDIOLOGY) [AYUB MEDICAL COLLEGE, ABBOTTABAD] 2014
[COLL.OF PHYSICIANS & SURGEONS PAKISTAN]

Remarks

The above qualification are subject to the classification of Post Graduate,
Additional, Alternative qualifications, as notified by the Commission.

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners in respect of the medical practitioner specified therein. He/She is authorised to practice Basic Medicine, Surgery, Obstetrics & Gynecology, 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 the revalidation of this certificate/retention of his/her name on the medical register three months before the date of retention expires.
2. A copy of this certificate has to be displayed prominently in the place of practice.
3. The issuing Authority reserve the right to recall, correct or cancel this certificate.



MEMBER LICENSING