



## CERTIFICATE

This is to certify that Hakim / Tabiba \_\_\_\_\_  
S/o, D/o, W/o, \_\_\_\_\_ who passed his/  
her Fazal-e-Tib-Wal-Jarahat examination from the National Council for Tibb, in the year \_\_\_\_\_  
under Roll No. \_\_\_\_\_ Enrolment has completed his/her six months apprenticeship period  
from \_\_\_\_\_ to \_\_\_\_\_ under my supervision. His/Her performance during  
apprenticeship period has been found satisfactory and he/she can run his/her clinic now, independently.

Signature of Applicant

Signature of attestor

\_\_\_\_\_  
\_\_\_\_\_

Name: Hakim/Vaid/Tabiba \_\_\_\_\_

Counter Signatures of Principal  
Tabbia Colleges concerned.

Registration No. \_\_\_\_\_  
Address \_\_\_\_\_

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Details of fee and documents required to be submitted with the application form for registration:-

1.	Registration Fee	Rs.	520/=
2.	Subscription of Al-Hikmat	Rs.	45-00
3.	ID card fee	Rs.	500.00
	<b>Total</b>	<b>Rs.</b>	<b>1065.00</b>

4. Copy of National Identity Card duly attested.
5. Copy of Matriculation Certificate attested.
6. Three (03) copies of Photographs.

# 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) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ 5. Sex \_\_\_\_\_ 6. Religion \_\_\_\_\_
7. Nationality \_\_\_\_\_ 8. Academic Qualification \_\_\_\_\_
9. Qualification on the basis of which registration is 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 \_\_\_\_\_
  - (b) Have you passed examination from any recongnized 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

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## 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.520/= 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.

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### 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.