

Name of College/Institution	
Name of Province	
Public Sector/Private Sector	
Name of Doctor	
Father Name	
CNIC No	
Contact No	
PM&DC Registration No	
Marks Obtained of all the Professionals/Total Marks	
(10 Marks for each extra attempt in passing a professional exam, to be deducted from the obtained marks)	
Adjusted Marks	
Adjusted Percentage for merit	

Signature: _____

Dated: ____ / ____ /2024