

**EDUCATION VERIFICATION CERTIFICATE FOR ADMISSION  
IN MBBS/BDS ON UNDER-DEVELOPED DISTRICTS' SEATS**

Name of Candidate: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

District of Domicile: \_\_\_\_\_

CNIC # of Candidate: \_\_\_\_\_

<b>Sr. No.</b>	<b>Class/ Grade</b>	<b>Name of Institution</b>	<b>Years during which the applicant remained in the Institution</b>	<b>Name, Sign, and Stamp of Headmaster/ Principal of Institution</b>
1.	1 – 5			
2.	6 – 8			
3.	9 – 10			
4.	11 – 12			

*Verified by District Authorities*

**CEO**  
**(District Education Authority)**  
**Name & Stamp:**

**Director of Education (Colleges)**  
**Name & Stamp:**

**Deputy Commissioner** *(Relevant Under-Developed District)*