

**ISLAMIC INTERNATIONAL DENTAL COLLEGE, 7<sup>TH</sup> AVENUE, G-7/4,  
ISLAMABAD**

*(Department of Postgraduate Dental Education)*

2008

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Photograph  
here.

**Application for Residency in                      Orthodontics                      Operative Dentistry**

Name

Father/Husband's name

Sex M/F

Date of birth

Nationality

NIC / Passport no

Mailing address

Email:

Tel

Cell:

Permanent address

Tel

Name of dental college attended

Year of dental college graduation

Details of any supplementary exams

Name and address of institution where house job was completed

Year of house job completion

Cleared FCPS - I Yes [ ] No [ ], If yes, specify year

Other experience

Is your application complete? Yes [ ] No [ ], If no, state awaited documents

**Signature of the Applicant;**

**Dated:**

**Instructions for completing the application**

Complete the application form in block letters or type.

Copies of all four professional exams detailed mark sheets

Copy of valid PMDC certificate

Copy of one year House Job Certificate

Copy of NIC

Two Passport Size photographs

**Application Deadline**

15<sup>th</sup> of November 7, 2008

Applications must be received at the Department of Orthodontics OR Department of Operative Dentistry, Islamic International Dental Hospital, 7<sup>th</sup> Ave, G7/4, Islamabad.

Applications received after this date will not be processed.

**Please note:**

Incomplete application forms will not be processed.

Please specify only one from the following residency programmes.

**Official: Please do not write in this space**

Complete [ ] Incomplete [ ]

Received by \_\_\_\_\_ Dated \_\_\_\_\_