## VERIFICATION OF DOMICILE OF Ex-FATA CANDIDATES BY DEPUTY COMMISSIONER/ ASSTISTANT COMMISSIONER OF THE RESPECTIVE MERGED AREA DISTRICT

Certify that Mr./Ms							S/D/O					
belongs	to	recognized	tribe	e (	of _					s	ection	
		and 1	his/her	father	is a perr	nane	nt bo	nafide re	esident of	the merge	d area	
of distri	ct					_, _				subs	ection	
				vi	llage _				and	d he/she	is an	
eligible ca	andidate	to avail himself.	/ herse	lf of th	ne MBB	S/BI	OS se	at reserv	ed in the	e Medical/l	Dental	
Colleges of	of Khybe	er Pakhtunkhwa	for ers	stwhile	FATA (	cand	idate.	The do	micile Ce	ertificate w	herein	
category			has	been	issued	to	the	above	named	applicant	vide	
No		dated_			b	y this	s offic	ce and is	hereby v	erified.		

Sign & Stamp of Deputy Commissioner