



Dr. Anita Kuamri (PMDC-15361-D)

Address: Bungalow No. 26 Isra Vilage Hyderabad.

District Hyderabad.

Cell: 0333-2824084

Email: anitachellani25@gmail.com

Career Objective:

- To work in an Organization where I can fully utilize my knowledge to achieve the highest efficiency and strive to promote the status of Organization and to improve myself.

Personal Particulars:

Father's Name : Versi Mal
Surname : Sirani
Date of Birth : 25-04-1989
CNIC : 41507-0578405-4
Domicile : Jamshoro
Marital Status : Married
Nationality : Pakistani
Religion : Hinduism

Educational Background:

DEGREE	YEAR	GRADE/DIVISION/CGPA	BOARD/UNIVERSITY
Matriculation	2006	Grade "A"	Karachi Board
Intermediate	2008	Grade "A1"	B.I.S.E Hyderabad
BDS	2014	1 st Division	LUMHS, Jamshoro

Experience:

- ✓ 01Year experience of House Job. (December 2014 to November 2015).
- ✓ Lecturer Department of Oral & Maxillofacial Surgery, Institute of Dentistry (LUMHS, Jamshoro). (February 2017 till to date)

Skills:

- ✓ Dedicated Clinical Skills
- ✓ Ability to work with different types of operating systems
- ✓ Excellent communication, interpersonal and time management skills
- ✓ Skilled in internet application
- ✓ Good working relationship
- ✓ Ability to work under pressure with consistent excellent results
- ✓ English Language.

Language:

- ✓ English, Urdu, Sindhi

Liaquat University of Medical & Health Sciences



*Having completed the prescribed Form of Training
and passed required Professional Examinations,
Liaquat University of Medical & Health Sciences,
Jamshoro, Sindh, Pakistan admits*

ANITA KUMARI

D/o

VERSI MAL

to the Degree of

Bachelor of Dental Surgery

*She is hereby entitled to share all honours and privileges enjoyed by the
dental graduates of this university.*

Controller of Examinations

Registrar

Vice Chancellor



PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad.

Website : www.pmdc.org.pk



CERTIFICATE OF FULL REGISTRATION ON THE REGISTER OF DENTISTS

License to Practice

Registration Number : 15361-D
Name : ANITA KUMARI
Father Name : VERSI MAL
Present Address : HOUSE NO. 505 ISRA VILLAGE
NEAR ISRA HOSPITAL HYDERABAD.
Permanent Address : HOUSE NO. 505 ISRA VILLAGE
NEAR ISRA HOSPITAL HYDERABAD.



Registration Date : 27/11/2014 **Name Retained Upto** 31/12/2023

Qualification & Date	Institute/University	Year
1 B.D.S. (BASIC DENTAL QUALIFICATION)	[LIAQUAT UNIV. JAMSHORO] [FACULTY OF DENTISTRY L.U.M.H.S. JAMSHORO]	2014

It is hereby certified that the above is a true copy of the entries in the Register of Dental Practitioners (Part-A) in respect of the dental practitioner specified therein. He/she is authorised to practice Basic Dentistry, and will be considered a specialist of the level mentioned and in the field of which any additional postgraduate qualification is registered herein.

IMPORTANT NOTICE:

1. The Registered Dental Practitioner should apply for revalidation of this certificate/retention of his/her name on the dental register three months before the date of retention expires.
 2. Every Registered Dental Practitioner should be careful to send to the Registrar immediate notice within 30 days of any change in his/her address and also to answer enquiries that may be sent to him/her by the Registrar in regard thereto in order that his/her correct address may be duly inserted otherwise such practitioner is liable to have his/her name removed from the Register.
 3. PM&DC shall maintain the name of the above practitioner in the register of Dental practitioners only till the date of retention mentioned on this Certificate. Further retention will only be possible on payment of prescribed fee.
 4. A copy of this certificate has to be displayed prominently in the place of practice.
- The Issuing Authority reserves the right to recall, correct or cancel this certificate.



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22/8/19
REGISTRAR