

PM&DC-FORM-1 (Medical)
PROVISIONAL REGISTRATION ON THE REGISTER OF
MEDICAL PRACTITIONERS

(FOR HOUSE JOB ONLY)

Phone No. UAN 111-321-786 Fax No.051-9266427
 Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk
 PMDC Registration No

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Passport size
 Photograph is
 to be pasted
 here

To,
 Registrar
 Pakistan Medical & Dental Council
 G-10-/4, Mauve Area, Islamabad.

| | | |
|---------|------|---------|
| By hand | Post | Courier |
|---------|------|---------|

(Please see instructions before filling in)

Dear Sir,

I have qualified MBBS final exam held on _____ from _____ I may be provisionally registered as Medical Practitioner under the Pakistan Medical & Dental Council, Ordinance, 1962, and a certificate of registration may be issued for my house job training. My particulars are as under: (All columns are to be filled in block letters):-

1. Name _____
2. Father's Name _____
3. PM&DC students registration No. _____
4. Present/Mailing Address _____

5. Permanent Address _____

6. Nationality _____ Province of domicile _____
7. N.I.D.Card No. _____ Sex- M/F _____ Date of Birth _____
 Phone/Fax No. _____ Email _____
8. a. Bank Draft/Pay Order of Rs. _____ No. _____ Dated _____
 Name of issuing branch _____

(Name of Doctor must be written on the back side of bank draft)

Cash can be deposited at the Faysal Bank Limited counter in the PM&DC office Islamabad.

9. Particulars of MBBS or equivalent basic qualification required to be registered

| Name of Qualification | Name of University | Name of Medical College | Date of admission in Ist Year MBBS Class | Age on the date of admission Y - M -- D | Date of final Examination Held | Date of result Declared |
|-----------------------|--------------------|-------------------------|--|---|--------------------------------|-------------------------|
| | | | | | | |

10 ADDITIONAL INFORMATION REQUIRED

MBBS

| YEAR | NAME OF MEDICAL COLLEGE | ATTENDED FORM TO | NAME OF UNIVERSITY |
|---------------------------|-------------------------|------------------|--------------------|
| 1 st YEAR MBBS | | | |
| 2 nd YEAR MBBS | | | |
| 3 rd YEAR MBBS | | | |
| 4 th YEAR MBBS | | | |
| 5 th YEAR MBBS | | | |

11 Documents to be attached:

Duly attested photocopy (with blue ink) by the Principal of respective college:-

- Provisional MBBS certificate/degree.
- FSc (Pre-medical certificate/equivalence certificate from IBCC Islamabad.
- Matric certificate/age proving document.
- Student registration certificate issued by PM&DC. Migration cases to provide all related documents
- Three recent photographs (passport size) one attested on front side on the form and others on the back
- Photostat copy of National I.D.Card.

12. Undertaking:

I undertake, to abide by the Code of medical Ethics prescribed for registered medical practitioner by the Council and will inform the Registrar, Pakistan Medical & Dental Council of any change of address of residence or practice .It is certified that I have not so far been registered as a medical practitioner with the Pakistan Medical & Dental Council and my above particulars are true to the best of my knowledge and belief and nothing has been concealed by me in this behalf. I solemnly declare that the above information is correct and if found false I am liable for necessary legal/disciplinary action by the Council leading to cancellation of registration.

Signature_____

Date

Full Name Dr. _____

(FOR USE OF THE OFFICE OF THE PRINCIPAL ONLY)

Dr. _____ has passed final MBBS exam held on _____ from _____ His/her application is verified and recommended for provisional registration as medical practitioner for house job. The required documents duly attested by the undersigned are enclosed.

Principal

(Signature & Stamp)

(FOR PM&DC OFFICE USE ONLY)

Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____

Dr. _____ is provisionally registered with PM&DC as medical practitioner on this day _____ for a period of one year for house job only.

Assistant

Superintendent

Asstt/Deputy Registrar

Registrar

PMDC FORM-I (MEDICAL)
PAKISTAN MEDICAL & DENTAL COUNCIL
MAUVE AREA G-10/4 ISLAMABAD.

Website www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk
Ph: 051-9266004, FAX: 9266427, UAN 111-321-786

(Please read these important **INSTRUCTIONS** carefully and visit our web site (www.pmdc.org.pk)

1. GENERAL

- (i) The applicant must fill in PM&DC form-1 in his own neat and legible handwriting or it may be typed. The applicant doctor must sign the Form himself. **Incomplete & illegible forms will not be considered.**
- (ii) Registration certificates will be dispatched to the applicant by post within **one month** from the date of receipt of application provided all required formalities are complete. In case there is any objection the process can be delayed. If case has been submitted by hand please quote receipt no in any inquiry about the case.
- (iii) The applicant doctor shall collect the Registration Certificate personally. In case applicant is sending a collector, he must have an authority letter attesting his signatures, Such persons should provide photocopy of their national identity card, for record of this office and must be in possession of the original bank receipt.
- (iv) in case of loss/misplacement of registration certificate apply for duplicate on PM&DC form 7.
- (v) The provisional registration will only be extended once.

CONVERSION OF PROVISIONAL REGISTRATION INTO PERMANENT REGISTRATION

On completion of one-year PM&DC prescribed house job from a PMDC approved hospital a doctor may apply for permanent Registration by submitting the following mandatory documents without any additional fee

- The original PM&DC provisional registration certificate,
- Three recent passport size photographs,
- Photocopy of house job (one year) certificates attested by the respective MS
- Photocopy of MBBS degree attested by the respective Principal.

2. FEE SCHEDULE

- Registration of the basic medical qualification for five years
 - Within six months of graduation; **Rs. 750/=**
 - After a lapse of six months; **Rs. 1000/=**
 - After one year; **Rs. 1250/=**
- For each change in registration certificate **Rs. 500/=**
- If certificate is required to be delivered by couriers
 - with in Pakistan, **Rs.100/-**
 - out side Pakistan. **DHL rates**
- Foreign nationals passing MBBS from Pakistani Universities **Rs. 2000/= year**
- Extension of provisional registration **Rs. 300/= each year**

Cash can be deposited at the Faysal Bank Limited counter in the PM&DC office Islamabad.

Foreign Nationals and Pakistani doctors applying from foreign countries should pay equivalent amount in foreign exchange through Bank Draft/Cashier's Cheque of a recognized bank payable in Pakistan.

3. IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION CERTIFICATE please use PM&DC form 8

4-In case change of name after marriage is required, please send attested photocopy of Nikaah Nama OR Affidavit (specimen is given below) along with a fee of Rs 500/= to amend the certificate.

5-any false information given herein shall make the applicant liable for cancellation of PM&DC registration

**SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR THE CHANGE OF NAME AFTER MARRIAGE AFFIDAVIT**

I, Dr. _____ Daughter of _____ Permanent address _____
Now residing at _____

Do hereby solemnly affirm and declare on oath that I was registered with the Pakistan Medical & Dental Council as Miss, before my marriage. I am married to _____ and I have adopted my married name as Dr. _____.
(documentary proof attached ie Nikah Nama/Govt notification) Therefore, I may be issued registration certificate in my married name as given above.

The above statement is correct to the best of my knowledge and belief and nothing has been concealed or suppressed by name in this behalf.

Signature and Seal of the court

Deponent