

THE PAKISTAN REGISTRATION OF MEDICAL AND DENTAL PRACTITIONERS REGULATIONS, 2008

(for the purpose of Section 33-1(g) and Section 23 of the Pakistan Medical and Dental Council Ordinance 1962)

S.R.O -----2008:- In exercise of the powers referred by sub-section (1) of section 33 of the Medical Council Ordinance , 1962,(XXXII of 1962), the Pakistan Medical and Dental Council , with the previous sanction of the Federal Government, is pleased to make the following regulations, namely:-

PART- I **TITLE AND DEFINITIONS**

1. These Regulations may be called the Pakistan Registration of Medical and Dental Practitioners Regulations 2008.
2. In these regulations unless there is anything repugnant in the subject or text.
 - a) “Allowance” means remuneration paid to the chief coordinator, coordinator, examiners, controller of examinations, staff conducting the examination and to the patients brought for examination.
 - b) “Additional medical/dental qualification” means postgraduate qualification recognised under the Ordinance by virtue of which the holder can practice as a specialist in that field.
 - c) “Basic medical qualification” means M.B.B.S. or equivalent qualification recognised under the Ordinance by virtue of which the holder can practice basic Medicine ,Surgery Obstetrics & Gynaecology, Ophthalmology and Otolaryngology and shall be allowed to do only the basic procedures as specified and listed by the PM&DC from time to time.
 - d) “Basic dental qualification” means B.D.S or equivalent qualification recognised under the Ordinance by virtue of which the holder can practice basic Dentistry and shall be allowed to do only the basic procedures as specified and listed by the PM&DC from time to time.
 - e) “Candidate” means a Pakistan national foreign medical graduate/postgraduate declared eligible for registration examination by PM&DC.
 - f) “Chief Coordinator Examination” means an examiner appointed by the National Examination Board for conducting the Registration Examination.
 - g) “Controller of Examination” means an officer appointed by the National Examination Board to act as controller of examination to conduct the Registration Examination.
 - h) “Coordinator” means an examiner appointed by the National Examination Board to assist the Chief Coordinator in the conduct of Examination.

- i) “Council” means the Pakistan Medical and Dental Council constituted under section 3 of the Ordinance;
- j) “House job” means one year fulltime internship or residential clinical work in a PM&DC recognized hospital for the purpose of attaining full registration.
- k) “Disciplinary Committee” means a committee constituted by the Council to deal with matters relating to professional misconduct and negligence of a practitioner.
- l) “Eligibility Certificate” means a certificate issued by the Council to a candidate declaring him eligible to take the basic or postgraduate Registration Examination.
- m) “Examiner” means a medical/dental teacher appointed by the National Examination Board to take the examination.
- n) “Faculty” means teaching staff approved by PM&DC in a recognized medical/dental institution.
- o) “Foreign Basic Medical/Dental qualification” means a medical/dental qualification awarded by a medical/dental institution outside Pakistan but included in the WHO directory which is a recognized qualification for enrolment as medical/dental practitioner in the country in which the institution awarding the said qualification is situated and which is equivalent to a basic medical/dental qualification in Pakistan;
- p) “Foreign Postgraduate Medical/Dental qualification” means a medical/dental qualification awarded by a medical/dental institution outside Pakistan which is a recognized qualification for enrolment as medical/dental practitioner in the country in which the institution awarding the said qualification is situated and which may be equated to a medical/dental postgraduate qualification in Pakistan after an examination by the PM&DC;
- q) “Form” means all forms prescribed by the Council for the purpose of Registrations;
- r) “National Examination Board” means an Examination Board constituted by the Pakistan Medical and Dental Council to conduct registration/equivalence examination for registration of foreign medical/dental graduates and post graduates.
- s) “Officer” means an officer in the employment of the Council.
- t) “Ordinance” means the Medical & Dental Council Ordinance 1962 (XXXII of 1962);
- u) “Permanent Registration” means registration for the purpose of enrolment on PM&DC Register, after obtaining basic Medical/dental qualification after completion of one year mandatory house job;
- v) “Postgraduate qualification” means any additional medical/dental qualification by virtue of which the holder shall be considered a specialist in that field.

- w) “Practitioner” means a Medical or Dental Practitioner possessing any recognized Medical or Dental qualification whose name is mentioned on the register;
- x) “Prescribed” means prescribed by regulations made under the Ordinance;
- y) “Provisional Registration” means registration for doing house job under supervision given to holders of basic medical/dental qualifications.
- z) “Registrar” means the Registrar appointed under Clause(c) of Sub-Section (1) of Section 9; and
- aa) “Registration examination” means an examination for award of provisional registration in a prescribed manner for a Pakistani citizen possessing a foreign medical qualification.
- bb) “Registration” means either Provisional registration or Full Registration as the case may be.
- cc) “Registerable qualification” means any qualification included in the schedules of the ordinance.
- dd) “Section” means a Section of the Ordinance
- ee) “Specialist” means the holder of any additional medical/dental qualification in a particular field.
- ff) “Standing Recognition Committee” means a committee constituted by the Council to deal with matters relating to recognition of qualification and experience of a practitioner gained in Pakistan or abroad.
- gg) “Temporary registration” means registration of doctors of foreign nationality for a specific purpose and period.
- gg) ”Valid registration” means a date till which all dues of the council have been cleared by the registered practitioner and till which date he can enjoy the privileges of a registered practitioner and not after.

PART-II

COMPILATION , MAINTENANCE,AND PUBLICATION OF THE “ REGISTERS”

3. The Registrar shall maintain, in accordance with the provisions of Sections 23,25 and 26, two Registers to be called (1) Register of Medical practitioners, and (2) Register of Dentists, and shall from time to time revise these Registers and publish them in the manner prescribed in these Regulations.
4. Holders of Pakistan origin card shall enjoy all privileges of Pakistani citizens for the purpose of registration.
5. The Register of Medical Practitioners shall consist of the following three parts, namely:-

- (i) Part 'A' shall contain the names of such Medical practitioners as have complied with the provisions of the first proviso to sub-section (1) of Section 23;
- (ii) Part 'B' shall contain the names of such Provisionally registered Medical Practitioners for selection for a resident /house job/internship appointment in an approved hospital or approved institution in accordance with the provisions of the second proviso to sub-section (1) of Section 23 and as in part IX of these regulations.
- (iii) Part 'C' shall consist of a separate list of Medical Practitioners possessing medical licenses or diplomas included in the fourth Schedule to the Ordinance and .
- (iv) Part 'D' shall consist of a separate list of Medical Practitioners of foreign nationality possessing medical licenses or diplomas included in the WHO Directory who are issued a temporary registration for a specific purpose by the Council on the payment of the specified fee. Purpose can be teaching, demonstration of skill to peers, institutional service, with or without remuneration as allowed by the Council.

Provided that the name of the provisionally registered practitioners can be extended for a specified period till house job is complete or till verification degree or house job are received and shall only be added in Part-A after all requirements have been met.

- 6. The Register of Dentists shall contain the names of Dental Practitioners and shall have the same parts as section 5 above.
- 7. (1) Any practitioner, or any person possessing a registerable medical degree or licence or diploma may apply to the Registrar on appropriate PM&DC registration Form appended, and on furnishing to the Registrar proof of possessing such qualification, shall be entitled to be registered, and the Registrar shall register him in the appropriate Register.
 (2) When the qualification of a person has been recognized under Section 15, or 19, the period for which and the condition subject to which the qualification has been recognized shall be recorded in the Register.
- 8. The names of persons registered shall be entered in the respective Registers in the order in which the applications are received. Registration fee shall be charged from the date of conferment of the qualification whenever applied for registration.
- 9. Each page of the Registers shall be numbered and verified by the Registrar's signature.
- 10. Any person, whose name has been entered in Part-A,B, or C of the Register of Medical Practitioners or the Register of Dentists, shall be entitled to receive from the Registrar a Certificate of Registration according to the category applied. He/she shall be supplied with a copy of the code of medical ethics of the Council on payment of Rupees 100.
- 11 (1) The Registrar shall, as and when directed by the Council, cause to be printed and published in alphabetical order ,each part of the Register of Medical Practitioners and the Register of Dentists, separately .Provided that an asterisk (*) shall be marked against the names of person who is registered for a specified period under sections 14,15,or 19 of the Ordinance.

- (2) At the end of each part of the printed Register of Medical Practitioner and Register of Dentists shall be entered separately and published on annual basis: -
- (i) The total number of registered medical or dental practitioners in the last printed register;
 - (ii) The number of medical or dental practitioners added;
 - (a) By registration since the printing of the last register; and
 - (b) By restoration to the register;
 - (iii) The number of registered medical or dental practitioners removed from the register;
 - (iv) The number of registered medical or dental practitioners who have died and about whom this information has been received, since the printing of the last register; and
 - (v) The number remaining in the printed register.
- (3) The printed Registers shall be issued to the registered practitioners and others, on demand, on payment of rupees Twenty Thousand.

PART- III

FEEs

12. The fees of registration and other services for Medical and Dental Practitioners shall be as under:-

1.	Provisional Registration of basic Medical/Dental qualification from Institutions of Pakistan.	Rs. 500/-
2.	Permanent Registration Certificate of MBBS/BDS after completion of House Job within five years for a period of .	Rs. 1,500/=
3.	Extension of Provisional Registration Certificate for MBBS/BDS	Rs. 1,500/year
4.	Retention of name on the Medical/Dental Register for basic qualification	Rs. 500/year
5.	Retention of name on the Medical/Dental Register with additional Postgraduate qualifications.	Rs. 700/year
6.	Processing fee of Registration of Additional Postgraduate Medical/Dental qualifications awarded in Pakistan	Rs. 1000/-
7.	Processing fee for recognition of Postgraduate Medical /Dental Qualification from abroad	Rs. 5,000/-
8.	Duplicate copy of Registration Certificates	Rs. 1,500/-
9.	Certificate of Good Standing	Rs. 3,000/-
10.	Change of name of doctor or any change in the Registration/any Certificate.	Rs. 1000/-
11.	Processing fee for recognition of foreign basic medical/dental qualification.	Rs. 5,000/-
12.	Permanent Registration for one year, pending verification of documents of house job/clinical work done in a foreign country	Rs. 4,000/-
13.	Local Experience Certificate	Rs. 1,500/-
14.	Processing fee for recognition of foreign teaching /practical	Rs. 5,000/-

	experience	
15.	Undergraduate student registration fee	Rs 500/course
16.	Postgraduate student registration fee	Rs 1000/course
17.	Registration/renewal as Faculty	Rs 2000/five years
18.	NOC for migration of medical/dental students	Rs.2000/-
19.	NOC for migration of faculty	Rs.3000/-
20.	Late fee (applicable after expiry of six months after validity)	Rs.1000/-
21.	Duplicate I.D.Card Fee for MBBS/BDS doctors.(Fee charged one time).	Rs.500/-
22.	Fee of additional copy of local experience certificate	Rs.500/-
23.	Urgent fee for each job.	Rs.1000/-
24.	Miscellaneous Services/Alterations Supersession/ Attestations/ Supply of information/ Certificate of Non Registration.	Rs.1000/-
25.	Payment of Code of medical ethics	Rs.100/-
FEE CHARGED FOR SUPPLY OF COMPUTERIZED LISTS		
26.	(i)All Pakistan list of medical doctors registered with PM&DC	Rs.20,000/-
	(ii)Punjab province only	Rs.5,000/-
	(iii)Sindh Province only	Rs.5,000/-
	(iv)NWFP Province only	Rs.3,000/-
	(v)Baluchistan Province only	Rs.2,000/-
27.	(i)All Pakistan list of dentists registered with PM&DC	Rs.2,500/-
	(ii)Punjab Province only	Rs.1,000/-
	(iii)Only Sindh Province only	Rs.1,000/-
	(iv)Only NWFP Province only	Rs.250/-
	(v)Only Baluchistan Province only	Rs.250/-
28.	Fee charged for medical/dental specialists	Rs.100 for each individual record And Rs.2,000/- for a list of a specialty.
FEE FOR NATIONAL EXAMINATION BOARD		
29.	Examination fee postgraduate doctors. (Fee charged on time for each examination)	Rs.15,000/-
30.	Examination fee for medical graduates. (Fee charged on time for each examination)	Rs.10,000/-
31.	Examination fee for dental graduates (Fee charged for each examination)	Rs.10,000/-
32.	Prospectus fee	Rs.500/-

The fees for registration of doctors with Foreign Nationality on year-to-year basis shall be as under:

33.	Initial registration certificate for doctors with Foreign Nationality having Pakistani MBBS/BDS qualification for institutional practice	Rs.1,000/year-
34.	Extension of Registration Certificate for one year.	Rs.1,000/year-

35.	Registration of additional qualification obtained from Pakistan. (Fee charged one time for one year for each qualification)	Rs.1000/-
36.	Processing and initial registration of doctors with Foreign Nationality for institutional services in Pakistan having foreign basic medical/dental qualification	Rs.5,000/-
37.	Temporary registration /NOC of doctors with foreign nationality visiting Pakistan for teaching/demonstration etc.	Rs.10,000/-

13. All fees received under these Regulations shall be credited to the account of the Council.

PART-IV **ETHICAL PRACTICE**

14. Code of Ethics shall be binding on every Registered Medical/Dental practitioner and any deviation shall be met with consequences as decided by the Council, leading to even permanent removal of the name from the register.
15. Any act committed by a Registered Medical/Dental practitioner which is infamous shall be punishable, as determined by Disciplinary Committee.

PART-V **REMOVAL FROM THE REGISTER.**

16. The Registrar may, with the written approval of the President of the Council, remove from the Register, the name of any registered practitioner who may have died or with whom he has repeatedly been unable to establish communication owing to failure on the part of the individual to intimate his correct address, provided that any name removed on account of non-establishment of communication in the circumstances mentioned may be re-entered in the register by the direction of the Council upon payment of the prescribed fee.
17. If the Registrar has reason to believe and, after giving the practitioner notice and an opportunity of being heard or otherwise is satisfied that any entry in the Register has been fraudulently or incorrectly or inadvertently made or caused to be made, he may direct removal of such entry from the register or to amend it in such manner as may be indicated.
18. The name of a person, possessing medical or dental qualifications recognized under Section 14,15 or 19 for a specified period or under certain condition or conditions, shall be removed from the register on the expiry of the specified period or when the condition or conditions upon which the recognition was accorded no longer exist.
19. If and when the Council receives notice from a recognised University or any other recognised degree awarding body that any qualification has been duly and legally withdrawn from a registered Practitioner by such a recognised University or any other recognised degree awarding body, and is satisfied that the qualification has not been withdrawn on the ground of the adoption of any theory of Medicine, Surgery or Dentistry, it may direct the Registrar to remove from the register the said qualification appearing against the name of that practitioner.

20. If any registered practitioner has been convicted of any offence by court of law and has exhausted right of appeal in the case or declared guilty by the disciplinary committee of the Council or has committed an offence which, in the opinion of the Registrar, involves moral or ethical turpitude or any violation of code of ethics or if the Registered Medical/Dental practitioner has shown himself to be unfit to continue practice on account of mental ill health or other grounds, the Council may direct the Registrar to remove altogether or for a specified period from the Register the name of such practitioner.

PART-VI

INSTITUTIONAL HEARING AND DISPOSAL OF APPEALS REGARDING REGISTRATION.

21. If the Registrar refuses to register any post graduate qualification of a practitioner, the practitioner may appeal in writing against such refusal to Council stating the grounds on which registration is claimed and also furnish full particulars of qualification and the date on which it was received and from which institution.
22. On receipt of an appeal, the Council shall obtain verification of the degree through diplomatic channel or any other appropriate prescribed manner as determined by the Standing Recognition Committee of the Council and gather as much information as may be pertinent and only then refer it to its Standing Recognition Committee for consideration and report.
23. The Committee shall have the power to call for the original degree, diploma, license or certificate from the appellant for inspection and also such other documentary or oral evidence, as it may consider necessary.
24. At the conclusion of its inquiry, the Committee shall submit a report to the Council embodying such recommendations as it may think fit to make, stating the reasons for its recommendations.
25. The appeal, the Committee's report on it and all other documents in connection with the case shall be laid before the Council at its next meeting for consideration and decision.
26. The date on which the appeal is to be taken up by the Council shall be notified to the appellant. The appellant shall be allowed, if he so desires, to represent his case before the Council either personally or by his legal representative.

PART VII

COMPLAINT AGAINST MEDICAL/DENTAL PRACTITIONER AND ACTION THEREON.

27. Whenever information is received that a Registered Practitioner has been guilty of any act or conduct, which prima facie constitutes professional misconduct or has violated the code of ethics, the Registrar shall make an abstract of such information and of such further information as he may have subsequently obtained.
28. Where the information in question is in the nature of a complaint by a person or body charging the practitioner with professional misconduct, such complaint shall be made in writing on a Stamp paper attested by a magistrate addressed to the Registrar, and shall

state that grounds of complaint and shall, except when the complaint is by a Government Department, be accompanied by one or more declarations as to the facts of the case (two witnesses).

29. Every declaration must state the description and true place of abode of the declarant and, where the fact stated in a declaration is not within the personal knowledge of the declarant, the source of the information and grounds for the belief of the declarant in its truth must be accurately and fully stated.
30. (1) The abstract and all other documents bearing on the case together with all annexures in a paperbook form (ten in number) with any complaint that may have been lodged shall be submitted to the Registrar of the Council, who shall, if he thinks fit, ask the practitioner, by means of a registered letter, for an explanation within such time as may be fixed by him. After the expiry of that time, the documents with the explanation, if any, shall be referred for consideration to the Disciplinary Committee appointed by the Council. The Disciplinary Committee shall have power to cause further investigations to be made and further evidence to be taken, and, if necessary, obtain further legal or other advice.
 - i. On completion of its investigation the Disciplinary Committee shall submit its report to the Council
 - ii. If the Disciplinary Committee decides that the enquiry ought to be held by it, the Registrar shall, on its behalf, issue a notice in writing to the practitioner concerned.
- (2) the notice under sub-regulation (1) shall-
 - (i) Specify the nature and particulars of the charge;
 - (ii) Appoint the day on which the Disciplinary Committee intends to deal with the case; and call upon the practitioner to answer the charge in writing and to appear before the Disciplinary Committee on the appointed day. Notice to Medical or Dental Practitioner to attend proceedings in connection with the enquiry under Section 31 of the Ordinance shall be as below.

Sir,

On behalf of the Pakistan Medical and Dental Council, I give you notice that information and evidence have been laid before the Council, by which the complainants make following charges against you, namely (here set out the circumstances briefly), and that in relation thereto you have been alleged to have been guilty of infamous conduct in a professional respect.

And I am directed further to give you notice that on the -----of -----, a meeting of the Disciplinary committee of the Council will be held at ----- O'clock in the -----to consider the above-mentioned charges against you and decide whether or not they should direct that your name be removed from the Register/List of Registered Medical /Dental Practitioners pursuant to Section 31 of the Pakistan Medical and Dental Council Ordinance, 1962. You are invited and required to answer in writing the above given charges and to attend before the Council in the above named place and time to establish any denial or defense that you may have to make to the above-mentioned charges, and you are hereby informed that if you do not attend as required, the Council may proceed to hear and to decide upon the said charges in your absence.

Any answer or other communication or application which you may desire to make regarding the said charges or your defense thereto, must be addressed to the Registrar of the Pakistan Medical and Dental Council and transmitted so as to reach him no less than twelve days before the day appointed for the hearing of the case. You are required to be present on the date of hearing so communicated and if you choose to absent yourself, your name shall be removed from the Register of practitioners and you shall no longer remain eligible for the privileges of registered practitioner.

A copy of the Medical Council Ordinance, 1962 and of the Regulations to regulate the procedure for conducting enquiry referred to in the Ordinance is enclosed herewith for your information.

Registrar.

31. The notice shall be sent at least twenty-one days before the date of the enquiry and shall be accompanied by a copy of each of the Ordinance and these regulations. A copy of the notice shall, at the same time, be sent to the complainant, if any.
32. In every case in which the Disciplinary Committee resolves that an enquiry shall be instituted and a notice for an enquiry is issued accordingly, the complainant, if any, and the practitioner charged shall, upon request in writing for that purpose signed by him or his legal representative, be entitled to be supplied by the Registrar with a copy of any declaration, explanation answer or other document given or sent to the Disciplinary Committee by or on behalf of the other party. Both parties may bring in original any proof, to use at the hearing as evidence in support of, or in answer to, the charge specified in the notice or enquiry.
33. Any application made by the practitioner between the date of issue of the notice and the day appointed for the hearing of the charge shall be dealt with by the convener of the Disciplinary Committee in such manner as he may think fit
34. All material documents that are to be laid before the Disciplinary Committee as evidence in regard to the case shall be printed and a copy thereof shall be furnished to each member of the Disciplinary Committee before the hearing of the case.
35. At the hearing of the case by the Disciplinary Committee, the complainant and the practitioner charged may be represented or assisted by a legal representative.
36. Where a complainant appears personally or through a legal representative, the order of procedure shall be as follows:-
 - (1) The Registrar will read to the Disciplinary Committee the notice of the enquiry addressed to the practitioner.
 - (2) The complainant will then be invited to state his case himself or through his legal representative, and to produce his evidence in support of it. At the conclusion of the complainant's evidence, his case will be closed.
 - (3) The practitioner will then be invited to state his case himself or through his legal representative and to produce his evidence in support of it. He may address the Disciplinary Committee only once either before or at the conclusion of his evidence.

- (4) At the conclusion of the practitioner's case, the Disciplinary Committee will, if the practitioner has produced evidence, hear the complainant in reply on the case generally, but will hear no further evidence, except in any special case in which the Disciplinary Committee may think it right to receive such further evidence. If the practitioner produces no evidence, the complainant will not be heard in reply, except by special leave of the Disciplinary Committee
 - (5) Where any party before the Disciplinary Committee produces a witness, he will first be examined by the party producing him, and then cross-examined by the adverse party, and then re-examined by the party producing him. The Disciplinary Committee may refuse to admit in evidence any declaration where the declarant is not present or declines to submit to cross-examination.
37. Where there is no complainant, or no complainant appears, the order of procedure shall be as follows: -
 - (1) The Registrar will read to the Disciplinary Committee the notice of enquiry addressed to the practitioner and will state the facts of the case and produce before the Disciplinary Committee the evidence by which it is supported.
 - (2) The Practitioner will then be invited to state his case himself or through his legal representative and to produce his evidence in support of it. He may address the Disciplinary Committee only once either before or at the conclusion of his evidence.
38.
 - (1) Upon the conclusion of the case, the Disciplinary Committee will deliberate thereon in private, and the conclusion of the deliberation, the convener of the Disciplinary Committee shall call upon the Disciplinary Committee to vote on the question whether the practitioner charged is guilty of a professional misconduct.
 - (2) If the Disciplinary Committee by a majority of two-thirds of the members present and voting at the meeting, find the practitioner guilty of any professional misconduct, the Disciplinary Committee shall recommend to the Council that it may direct the Registrar to remove his name from the appropriate Register altogether or for a specified period or to warn or to censure him.
39. Once the decision of the Council is that the name of any registered practitioner be removed from the Register in accordance with the provisions of the preceding regulations, the Registrar shall forthwith send notice of such removal of the practitioner by a registered letter addressed to his last known address. The Registrar shall also send, forthwith intimation of any such removal to the University, Licensing Body or Bodies from whom the said practitioner received his qualification or qualifications and shall request them not to admit him without previous reference to the Council to any examination for any new qualification, which is registerable in the registers. The report of these proceedings shall be sent to all the medical regulatory authorities of the world.
40.
 - (1) Any person whose name has been removed from the Register may apply to the Council for the restoration of the name.
 - (2) Every application under sub-regulation (1) shall be accompanied by:-

- (a) A declaration affirming that the applicant is the person whose name was originally registered;
 - (b) A statement of the circumstances in which the name of the applicant had been removed from the Register;
 - (c) a statement giving the grounds on which the restoration of the name of the applicant to the Register is sought; and
 - (d) Any one or more of the following documents:-
 - (i). Applicant's degree/diploma.
 - (ii). Applicant's PM&DC Registration Certificate in original.
 - (iii). A certificate from two medical or dental practitioners registered under the Ordinance as to his identity.
 - (iv). Copy of applicant's computerized national identity card.
- (3). Where on the recommendations of the Registrar, the Council is satisfied that the circumstances in which the name of a person was removed from the register no longer exist, and approves of the restoration of the name to the register, the Council shall so inform such person and concerned authorities.

PART-VIII
FOREIGN QUALIFICATIONS AND NATIONAL EXAMINATION BOARD

- 41. The Council will constitute a national examination committee comprising of at least five members of the council, of which one member shall be a Dentist. This committee shall be known as National Examination Board of PM&DC with the purpose of conducting the registration/equivalence examinations to determine the professional competence or otherwise of a candidate for registration/equivalence of his/her foreign basic or postgraduate medical or dental qualification, so that a decision about its equivalence to Pakistani basic or postgraduate medical or dental qualification, as the case may be, can be made by the Council.
- 42. The Council shall designate one member as Chairman National Examination Board of PM&DC.
- 43. The National Examination Board will have its headquarters in the main office of PM&DC Secretariat buildings at Islamabad.
- 44. The National Examination Board shall conduct examinations for registration/equivalence of the following qualifications:
 - a. Basic Qualification
 - b. Postgraduate Qualification
- 45. On or after approval of these regulations , a Pakistani citizen desirous of joining an undergraduate or a post graduate medical/dental course in any foreign medical /dental institution shall approach the National Examination Board of the Council for issue of a

No Objection Certificate and provide detailed documentary information regarding the qualification and course and the institution he intends to join.

46. After verification as required, if the candidate is found to fulfill the eligibility criteria, the Council shall issue a No Objection Certificate (NOC) on a prescribed format to the candidate certifying that he/she is eligible to join a medical institution outside Pakistan to obtain the medical/dental qualification. The certificate shall indicate that on return after obtaining the foreign medical/dental qualification, the candidate shall have to undergo the registration/equivalence examination of the Council conducted by the National Examination Board of the Council, subject to fulfillment of the conditions as prescribed by the Chairman National Examination Board and that only after passing this examination he/she shall be entitled to provisional registration by the Pakistan Medical and Dental Council.
47. The issuance of a NOC by PM&DC to a candidate shall not entitle him to any right whatsoever, other than to take admission in an undergraduate or postgraduate medical course in a foreign medical institute and to obtain the eligibility certificate to appear in the National Examination Board Examinations.
48. A Pakistani citizen aspiring to seek registration/equivalence of PM&DC after achieving graduation or Postgraduation from a foreign institution, and who meets the requisite prequalification for admission as specified by the PM&DC in its admission criteria and is issued eligibility to appear in the National Examination Board Examinations, unless specifically exempted, shall be required to pass the National Examination Board Examinations before PM&DC grants registration/equivalence to him/her.
49. On or after approval of these regulations, a person who gets admission in any medical/dental course in a foreign country without being in possession of a valid NOC issued by PM&DC issued to him prior to joining the Course abroad shall not be eligible for registration of his qualification if it is not included in the Second, Third, or Fifth Schedule the PM&DC Ordinance 1962, provided that for the time being the qualification is included therein or there is no other restriction. No person shall be allowed to sit in the National Examination Board examination without the eligibility certificate issued by PM&DC. Persons admitted in medical and dental courses on or before the approval of these regulations shall be issued eligibility without the NOC issued by PM&DC provided they fulfill all other requirements.
50. The PM&DC can refuse eligibility to any applicant to sit in the National Examination Board examination if he/she does not meet the PM&DC admission criteria.
51. For issuance of eligibility certificate to appear in the National Examination Board Examinations the request shall be made by the candidate on the proforma prescribed by the Council and shall be accompanied by the PM&DC No Objection Certificate to join the course, the original certificate and marks-sheet of the qualifying examination and its equivalence certificate where necessary. The original certificate shall be returned to the candidate after verifying the same and the copies shall be retained by the Council. The request for issuance of eligibility certificate shall also be accompanied by a Demand Draft/pay order for the specified sum in favour of Pakistan Medical and Dental Council, Islamabad. The fee for eligibility certificate shall be as fixed and notified by the Council.
52. The Council shall be free to investigate on its own, in the prescribed manner, into the correctness of information furnished by the candidate in his/her application and/or call for

any further information in this regard from the candidate and in the event of any information furnished by the candidate being found to be incorrect or false during such investigation or at any subsequent stage, the Registrar of the Council may refuse to issue the eligibility certificate or , if already issued, may cancel the same.

53. **Appeal** In case the candidate does not fulfill any of the qualifying criteria, the Registrar of the Council may reject his application for issue of Eligibility Certificate /NOC or prohibit the applicant to sit in the Examinations ,giving the reasons thereof and the applicant if not satisfied may appeal against this decision to the Chairman National Examination Board of the Council. The Chairman National Examination Board of the Council shall hear the appeal and decide the matter ,and his decision shall be final.
54. The regulations governing National Examination Board are subject to revision by the Council from time to time

a- BASIC QUALIFICATION

55. **Eligibility** (1) No person shall be allowed to appear in the basic registration examination unless:
- (a) He/she is a citizen of Pakistan and possesses any foreign basic medical or dental qualification, either whose name and the institute awarding it are included in the World Directory of Medical Schools, published by the World Health Organization, or which is confirmed by the Pakistan Embassy concerned to be a recognized qualification for enrolment as medical or dental practitioner in the country in which the institution awarding the said qualification is situated or as decided by the Chairman National Examination Board of the Council ;
 - (c) He/she has obtained NOC from PM&DC before joining the Course.
 - (b) He/she had obtained 'Eligibility Certificate' from the Council.
- (2) All general rules of eligibility shall also apply.
56. **Exemption** (1) a person seeking Provisionally Registration shall not have to qualify the registration examination if he/she has acquired a foreign basic medical or dental qualification which for the time being is included in the Second or Fifth Schedule of the Ordinance, without any prohibiting provision.
- (2). Graduates from such medical institution as are recognized in the countries of their respective location shall be eligible for registration in Pakistan without NEB Examination subject to the condition that such candidates have acquired a standard Postgraduation qualification such as MRCP, FRCS, Diplomat or Fellow of American Board which is recognized as registerable by the Council.
 - (3) For Dental Graduates the Dental Member of the Standing Recognition Committee shall be the Authority to grant exemptions as stated above.
57. **Restrictions** A candidate who has acquired admission after 2007 into a foreign medical school with less than 60% marks in F.Sc premedical or equivalent qualification shall not be entertained for NEB Examination under any circumstances.

58. **Schedule** (1)The Registration Examination shall be conducted twice every year as per Schedule of examination announced by the National Examination Board.

(2) The schedule of examination will be notified in the National Press well in advance for the information of the candidates

59. **Format** of examination (for foreign **medical** graduates with basic qualification) (1)The examination shall consist of two parts: Part 1 and Part 2. The format of each Part shall be decided by the National Examination Board and shall be communicated to the candidates at the time issuance of eligibility certificate for appearance in the Examination.

Part-1 shall consist of two Multiple Choice Question (MCQ) Papers (paper-I & II). Both the theory papers will be conducted on the same day. Each paper will have appropriate coverage of all clinical and basic subjects relevant to Medical Sciences and assessment shall essentially include subjects of Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, Community Medicine, Gynaecology & Obstetrics Medicine, Surgery, Eye, ENT , Psychiatry and Paediatrics.

Part-2. It will consist of Clinical and Oral Examination. The format shall be as decided by the National Examination Board

(2) The result of theory paper-I & II will be sent through courier service/Registered post to all candidates within seven days after the theory examination, giving the candidates who have passed the theory part the date of Clinical Examination. The result will also be available on the PM&DC Website www.pmdc.org.pak and on the demarcated official telephone Numbers of PM&DC during office hours.

(3) Those who pass in the Part 1 examination will be eligible to appear in Part-2 Examination.

(4) A candidates who clears the Part 1 Examination will be allowed to avail a maximum of three attempts (availed or unavailed consecutive) to pass the Part 2, failing which he/she shall have to pass the Part 1 examination again.

60. **Format** of Examination for foreign **dental** graduates with basic dental qualification)_(1) The examination shall consist of two parts: Part 1 and Part 2 The format of each Part shall be as decided by the National Examination Board and shall be communicated to the candidates at the time issuance of eligibility certificate for appearance in the Examination.

Part 1 . it will consist of two Multiple Choice Question (MCQ) Papers (paper-I & II). Both the theory papers shall be conducted on the same day. The format shall be as decided by the National Examination Board. Each paper will have appropriate coverage of all clinical and basic subjects relevant to Dentistry and assessment shall essentially include subjects of Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Applied dental materials, Community Dentistry, Oral Surgery, Periodontology, Prosthodontics, Operative Dentistry, Principles of Orthodontics, General Medicine and General Surgery.

Part-2. It will consist of Clinical and Oral Examination. The format shall be as decided by the National Examination Board.

- (2) The result of theory paper-I & II will be sent through courier service/Registered post to all candidates within seven days after the theory examination, giving the candidates who have passed the theory part the date of Clinical Examination. The result will also be available on the PM&DC Website www.pmdc.org.pak and on the demarcated official telephone Numbers of PM&DC during office hours.
- (3) Those who pass in the Part 1 examination will be eligible to appear in Part-2 Examination.
- (4) A candidate who clears the Part 1 Examination will be allowed to avail three attempts (availed or unavailed consecutive) to pass the Part 2, failing which he/she shall have to pass the Part 1 examination again.

b- POST GRADUATE QUALIFICATION

61. **Purpose** A Pakistani citizen possessing a postgraduate medical or dental qualification awarded by any medical or dental institution outside Pakistan who is desirous of getting provisional or Full Registration with the Council, shall have to qualify a postgraduate registration examination conducted by the National Examination Board.

Provided that a person seeking Registration of his qualification with PM&DC shall not have to qualify the postgraduate registration examination if his/her foreign postgraduate medical or dental qualification is for the time being included in the Third or fifth Schedule of the Ordinance.

62. **Eligibility** (1) No person shall be allowed to appear in the postgraduate Registration Examination unless:
- (a) The case has been referred by the Standing recognition Committee.
 - (b) He/she is a citizen of Pakistan and possesses any foreign postgraduate medical or dental qualification, which is confirmed by the Pakistan Embassy concerned to be a recognized qualification for enrolment as a specialist medical or dental practitioner in the country in which the institution awarding the said qualification is situated.
 - (c) He/she had obtained 'Eligibility Certificate' from the Council.
- (2) All general rules of eligibility shall also apply.
63. **Appeal** If the Registrar refuses to grant eligibility to any foreign postgraduate to appear in the NEB Examination or any related matter, the Chairman Standing Recognition Committee shall act as appellate authority.
64. **Scheme.** (1) The details regarding the Scheme for conducting the postgraduate registration examination shall be conveyed to the eligible candidates by post by the NEB.

- (2) The postgraduate registration examination shall be conducted twice every year as per the Schedule of examination announced by the National Examination Board.
- (3) The schedule of examination will be conveyed to the eligible candidates by post.
- (4) Format of examination for foreign postgraduates of each Part shall be decided by the National Examination Board and shall be communicated to the candidates at the time issuance of eligibility certificate for appearance in the Examination.
- (5) The examination shall consist of Part 1 theory and Part 2 clinical and oral examination. The candidate will have to pass each part separately.

Part-1 The format of Part 1 shall be as decided by the National Examination Board .

- (a) The result of Theory Paper-I & II, will be announced on website www.pmdc.org.pk within two weeks after the Examination. The result will also be sent through Courier/postal Service to all candidates and those who have passed the theory part shall be informed about the dates of Clinical and oral Examination. Those students who pass the theory examination will be eligible to appear in the Part-2. i.e. Oral and clinical examination. Theory once cleared will entitle the candidate to sit in clinical/oral examination for a maximum of four consecutive (availed or unavailed).

Part-2 Clinical & Oral Examination. The format of the clinical & oral examination shall be as decided by the National Examination Board and shall be communicated to the candidates at the time issuance of eligibility certificate for appearance in the Examination.

- (6) Result : shall be compiled and declared after both parts i.e theory and clinical and oral have been passed

65. **Examination fee schedule** shall be as given in Part III of the Regulations .

- (1) The examination Fee is not refundable and should be submitted along with the application form through Bank Draft in favour of PM&DC, ISLAMABAD.
- (2) Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/absence/exclusion.
- (3) In case of rejection due to non-fulfillment of requirements or any other reason, 25% fee will be deducted as processing charges.
- (4) Applications shall be entertained with late Fee of Rs.2000/- (Rupees two thousand only) after the closing date but not latter than seven days before the date of examination.

66. **Application forms** (1) Application forms will be available on the prescribed fee, which should be paid through Demand Draft/ Pay order or in cash deposited at the Bank

Counter in the PM&DC Headquarter Islamabad. Cheques and postal orders shall be not be acceptable.

- (2) Application forms complete in all respect should be sent to
Registrar
Pakistan Medical & Dental Council.
Mauve Area, G-I 0/4. Islamabad.
- (3). Documents to be enclosed with application forms
 - (a). Photocopy of valid registration certificate of PM&DC.
 - (b). Passport Size Photographs- 3 (preferably colored Photographs) at least one should be attested on front side.
 - (c). Declaration.
 - (d). An undertaking on plain paper by the candidate as per specimen attached to these regulations.
- (4). Attestation: Photocopies of all documents are to be attested by
 - (a). Any registered medical/dental practitioners with valid registration and all attestation must be done stamped with the PM&DC registration number, name and designation of the attester. Documents without proper attestation will not be processed.
67. **Admit Card** will be issued by the National Examination Board one week before the examination to every candidate accepted for the examination.
68. **Conversion of provisional Registration into full Registration for the basic qualification holders.**(1)a doctor may apply for full Registration on completion of one-year PM&DC prescribed house job from a PMDC approved hospital by submitting the following mandatory documents
 - a. The original PM&DC provisional registration certificate,
 - b. Three recent passport size photographs,
 - c. Photocopy of house job (one year) certificates attested by the respective MS
 - d. Photocopy of MBBS/MD/Equivalent degree .
 - (2) No conversion into full registration shall be done unless all documents have been duly verified by the diplomatic channel or in the prescribed manner. If any of the above documents are lacking or the verification has not been received, the provisional registration shall be extended but shall not be converted into full registration.
 - (3) Credit of housejob done before clearing NEB and other such matters shall be decided by Chairman NEB on individual merit.
69. **Conduct during Examination**(1) Candidates are to required to observe order and discipline at all times in the examination premises.

- (2) Candidates appearing in the registration examination of the NEB are not allowed to take into the Examination Hall, mobile phones, bags books, notes or manuscripts or audio visual aid of any kind which can be helpful in solving any question in the examination.
 - (3) Any candidate found to be involved in any forgery or use of any unfair means may be expelled from the examination and the matter shall be reported to the Chief Coordinator, who may refer his case to the NEB Disciplinary Committee.
 - (4) Late comers arriving at the examination hall more than fifteen minutes after the start of the paper will not be allowed to enter the Examination Hall.
 - (5) About such offences that occur in the examination or examination premises the matter will be referred to the NEB Disciplinary Committee. The Disciplinary Committee will interview the candidate and send its recommendations to the Council.
 - (6) NEB Disciplinary Committee will consist of two to four Council members and one member shall be nominated by the Chairman NEB to be the convener .
 - (7) On the recommendations of the NEB Disciplinary Committee, disciplinary action against the candidates may take one or more of the following forms depending upon the severity of the offences:
 - a. The candidate may be asked to tender an apology, verbal or written. This shall be placed on the candidate's record.
 - b. The candidate may be debarred to appear in the NEB Registration Examination in future (for one or more term).
 - (8) If any candidate/doctor is found guilty of misconduct within the premises of examination his case shall be reported to the Disciplinary Committee by the Chief Coordinator for appropriate disciplinary action, which may amount to his/her debarring from examination in future.
 - (9) The decision of the Disciplinary Committee of NEB in all such cases shall be communicated to the candidate, and if the candidate is not satisfied with the penalty imposed he may appeal to the Chairman NEB. The Chairman National Examination Board of the Council shall hear the appeal and decide the matter ,and his decision shall be final.
70. **Re-checking** of any registration exam to the extent of totaling and unmarked questions shall be permitted on application and payment of prescribed fee within two weeks of announcement of the result. However reassessment of the answer books shall not be done under any circumstances.
71. **Duties of examination staff.**
- (1) Chief coordinator: will be responsible;

- (i) For over all coordination of the registration examination.
 - (ii) For conducting the meeting of the examiners to finalize the theory paper A and B.
 - (iii) For final approval of the theory papers.
 - (iv) For supervision of the theory and clinical examination.
 - (v) For compilation and finalization of the result of the theory and clinical and oral parts of the examination.
- (2) Coordinator: shall assist the chief coordinator in conducting the examination.
- (3) Examiner: will carry out the duties assigned by the chief coordinator/coordinator and will not leave the examination premises without permission of the chief coordinator/coordinator.
- (4) Controller of examination; will be responsible
- (i) To help conduct the meetings of the National Examination Board from time to time.
 - (ii) To arrange the examination hall for examination.
 - (iii) For safe custody of the examination material.
 - (iv) For secrecy of the examination results.
 - (v) For issuance of eligibility certificates.
 - (vi) For notification of the passing candidates
 - (vii) For arranging lodging, boarding of out station examiners.
 - (viii) For updating question banks.

72. **Honorarium** for each examination shall be admissible at the following rate to the examiners and staff conducting the examination:

- (a) Chief coordinator: Rs.25000.00 per examination
- (b) Coordinator: Rs.20000.00 per examination
- (c) Controller of examination Rs.15000.00 per examination
- (d) Examiners:
 - (i) Professor Rs.2500.00 per day
 - (ii) Associate professor Rs.2000.00 per day

- (iii) Assistant professor Rs.1700.00 per day
- (iv) S/R and PG trainee Rs.1000.00 per day
- (v) PM&DC Staff 50% of basic pay of one month

PART-IX **House Job**

- 73. One year house job in clinical subjects in PM&DC approved hospitals is required for conversion of Provisional Registration into Full Registration.
- 74. Clinical work /resident training of one year duration abroad is also acceptable.
- 75. The clinical work / house job done before award of degree as part of studies in case of foreign graduates of Pakistani nationality who qualify National Examination Board shall be acceptable for full registration.

PART-X

Section A **Student Registration**

REGISTRATION OF MEDICAL AND DENTAL STUDENTS

[Under Sub-section (2)- g of Section 33 of Medical & Dental Council Ordinance 1962(Act X of 1973)]

- 76. Every medical & dental student in a medical and dental college in Pakistan recognised under the PM&DC Ordinance 1962, shall submit to the Registrar an application through the Principal for registration as a medical or dental student, within 3 (three) months following his admission to a Medical or Dental College, failing which he/she shall not be allowed to continue his studies further. It is binding on the Principal and the student to ensure compliance.
- 77. Every application for registration as a medical or dental student shall be accompanied by
(a) Certificate from the Principal of the College of having commenced medical studies;
and (b) Registration Fee of Rs 500(one time)
- 78. No student shall be registered as a medical or dental student unless he/she fulfills PM&DC admission criteria and has complied with the requirements as laid down in Regulation (2) above and only if he/she falls within the seats allowed to the medical/dental college by the PM&DC according to the facilities available at the institution as determined by the PM&DC.
- 79. Every medical or dental student registered with the Council shall be furnished with a Student Registration number and a Certificate

80. The Universities may issue only provisional enrollment to the medical/dental students and only once the student is registered with PM&DC can the student be issued a permanent enrollment by the University.
81. A Register shall be maintained session wise and college-wise .
82. Every recognised Medical or Dental College in Pakistan shall submit to the Council annually, not later than the 31st December of each year, a list of the names of all medical or dental students at such a Medical or Dental college on the first December of that year, and also a list of all registered medical or dental students who have either discontinued their studies or migrated to another college during the preceding 12 months. Such a list shall indicate the full names; the years of studies and in cases where students have discontinued their professional studies or migrated e.g. date of discontinuation or migration of each student, as the case may be.
83. The name of a medical or dental student shall be erased from the Register as soon as he/she has been registered as a medical or dental practitioner, or as soon as proof is given to the satisfaction of the Registrar that such a student has discontinued his professional studies.
84. Migration will be allowed from one recognized college to another recognized college; only after first professional examination has been passed by the applicant and with the written consent of both the Principals and the Universities .
85. Migration of Pakistani students studying in overseas medical / dental Colleges shall be allowed provided
- (1) There is a scheme of reciprocity between the two countries or
 - (2) Specific permission has been granted by the Council to register those basic qualification or
 - (3) The qualification is included in the PM&DC schedules permanently without any prohibiting provision.
 - (4) Other cases of migration of overseas migration shall be placed before the Executive Committee for consideration on individual merit and the decision of the Committee which shall be final.

Section B

REGISTRATION OF POSTGRADUATE MEDICAL AND DENTAL STUDENTS

[Under Sub-section (2)- g of Section 33 of Medical & Dental Council Ordinance 1962(Act X of 1973)]

86. Every postgraduate medical & dental student of a postgraduate course/program in Pakistan recognised under the PM&DC Ordinance 1962, shall submit to the Registrar an application through the Principal/Dean for registration as a postgraduate medical or dental student, within 2 months following his admission to the course/program.

87. Every application for registration as a post graduate medical or dental student shall be accompanied by (a) Certificate from the Principal/Dean of the institution of having commenced studies; and (b) Registration Fee of Rs 500(one time)
88. No postgraduate student shall be registered as a post graduate medical or dental student unless he/she falls within the seats allowed to the medical/dental institute/college by the PM&DC according to the facilities available at the institution as determined by the PM&DC.
89. Every postgraduate medical or dental student registered with the Council shall be furnished with a postgraduate Student Registration number and a Certificate
90. A Record shall be maintained session wise and college-wise.
91. Every recognised postgraduate Medical or Dental College/institution in Pakistan shall submit to the Council annually, not later than the 31st December of each year, a list of the names of all post graduate medical or dental students at such a post graduate Medical or Dental college/institution on the first December of that year, and also a list of all post graduate registered medical or dental students who have either discontinued their studies or migrated to another post graduate college during the preceding 12 months. Such a list shall indicate the full names; the years of studies and in cases where postgraduate students have discontinued their professional studies or migrated e.g. date of discontinuation or migration of each student, as the case may be.
92. The entry of a post graduate medical or dental student shall be amended in the record as soon as his/her postgraduate qualification has been registered, or as soon as proof is given to the satisfaction of the Registrar that such a student has discontinued his professional studies.

PART- X

Good Standing Certificate and Certificate of Non Registration

93. A certificate of good standing for six months shall be issued to a registered practitioner on demand and on payment of prescribed fee , provided he has atleast six months of good standing with the Council.
94. One certificate of good standing shall be issued for one purpose.
95. If the applicant is a Pakistan graduate but not registered with PM&DC, he shall be given a certificate of non registration on payment of the same fee as for certificate of good standing.

PART- XI

Registration of Faculty

96. Every member of the teaching faculty of a recognized postgraduate/undergraduate medical and dental college/institution in Pakistan shall submit to the Registrar an application through the Principal/Dean for registration as faculty, immediately but not latter than three months following appointment

97. Every application for registration as faculty, shall be accompanied by (a) Certificate from the Principal of the College of having commenced the job and (b) Registration Fee of Rs 2000/for five years.
98. No faculty, shall be registered unless he/she fulfills PM&DC criteria .
99. Every faculty, registered with the Council shall be furnished with a faculty, Registration number and a Certificate
100. A Record shall be maintained institution-wise .
101. An eligible fresh candidate applying for a faculty registration number for the purpose of recruitment to a job shall be issued a provisional faculty registration number. This provisional faculty registration number shall be converted to permanent on receipt of an application endorsed by the principal or dean confirming that the job has been conferred.
102. No teaching job in any undergraduate or post graduate medical or dental institution shall be confirmed/given by any institution nor shall be accepted by PM&DC unless the applicant is in possession of a valid faculty registration certificate ,for fresh applicants the procedure of attainment is given in regulation 101 above.
103. Faculty registration certificate shall be valid for a maximum of Five years only and shall be renewed after every Five years.
104. Migration will not be allowed during an academic session/activity unless decided otherwise by PM&DC on case to case basis and will only be allowed from one recognized institution to another. In cases where faculty has resigned, resignation accepted or not accepted, the faculty shall apply and obtain NOC from PM&DC before joining another institution and in case of a government servant the Government shall be responsible to obtain NOC from PM&DC before transferring a faculty to another institution.
105. Upon joining a fresh certificate shall be issued on request on payment of the prescribed fee in which the name of the institution shall be changed but the basic faculty registration number shall stay the same.

PART-XII

Saving, Removal of difficulties and Repeal

106. Saving, all orders made proceedings taken and acts done under the repealed regulations shall deemed to be and always to have been validly made or done.
107. Removal of difficulties, The federal Government may, by order, provide for the removal of any difficulty which may arise in giving effect to the provisions of theses regulations and rules ,bylaws made thereunder and on the advice of the Council or the President which is not inconsistent with these regulations or the Ordinance.
108. S.R.O 1229(K)/66, dated 19th November 1966 The Pakistan Registration of Medical Practitioners Regulations 1966 are hereby repealed.

List of Appendices

Appendix No	Detail
1	PM&DC Form-1(Medical) (Provisional registration on the register of medical practitioner(Part-B) for House Job.
2	PM&DC Form-1(Dental) (Provisional registration on the register of dental practitioner(Part-B) for House Job.
3	PM&DC Form-1A(Medical)(Full registration on the register of Medical practitioner after house job.
4	PM&DC Form-1A(Dental) (Full registration on the register of Dental practitioner after house job.
5	PM&DC Form-II(Retention of name of the register)
6	PM&DC Form-III(Recognition of overseas basic Medical/Dental qualification on individual merit
7	PM&DC Form-IV(Recognition of Experience)
8	PM&DC Form-V(For good standing certificate)
9	PM&DC Form-VI(Recognition of overseas postgraduate Medical/Dental qualification on individual merit)
10	PM&DC Form-VII(For first time registration of registerable local postgraduate Medical/Dental qualification.
11	PMDC Form-VIII(Duplication Registration Certificate.
12	Undergraduate Student Form
13	Request for NOC for migration of undergraduate student
14	Faculty registration/renewal Form
15	Performae for obtaining information about the postgraduate qualification.
16	Assessment Form for foreign postgraduate qualification
17	Postgraduate student registration Form
18	Application Form for foreign postgraduate qualification
19	Application Form for foreign medical graduates
20	Application Form for foreign dental graduates
21	Death Verification Certificate
22	Faculty registration certificate
23	PMDC-1 (Permanent registration for medical practitioner)
24	PMDC-2(Provisional registration for medical practitioner for house job)
25	PMDC-3(Provisional registration for dental practitioner for house job)
26	PMDC-4(Provisional registration for medical practitioner extended for one year/foreigner)
27	PMDC-5(Provisional registration for dental practitioner extended for one year/foreigner)
28	PMDC-6(for LSMF)
29	PMDC-7(Permanent registration for dental practitioner)
30	Certificate of Goodstanding
31	Postgraduate student registration certificate
32	Certificate of registration as a Medical student(undergraduate)
33	Certificate of registration as a Dental student(undergraduate)
34	Faculty Migration Form.

Note modifications in these forms and certificates can be made with the approval of the President.

PM&DC-FORM-1 (Medical)
PROVISIONAL REGISTRATION ON THE REGISTER OF
MEDICAL PRACTITIONERS(Part-B)(FOR HOUSE JOB ONLY)

APPENDIX-1

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

PMDC Registration No

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(For office use only)

Please paste
one
Photograph

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

By hand	Post	Courier
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(Please read and understand the instructions before filling this form)

Dear Sir,

I have qualified MBBS final exam held on _____ from _____ I
may be provisionally registered on part-B of the register of Medical Practitioners (under the PM&DC Ordinance,
1962) and a PM&DC certificate of provisional 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. C.N.I.D.(NADRA)Card No. _____ Gender- 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			

***Note:-** In case of any deficiency in documents/fee the case will not be processed further.

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 computerized National I.D.Card issued by NADRA.

12. **Undertaking:**

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice with in thirty days. I have never been registered with PM&DC in the past. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Signature _____

Full Name Dr. _____

Date _____

(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.

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

(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. Incase 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) The provisional registration will only be extended once.

CONVERSION OF PROVISIONAL REGISTRATION INTO FULL REGISTRATION

On completion of one-year PM&DC prescribed house job from a PMDC approved hospital a doctor may apply for full 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/Medical Superintendent.**

2. FEE SCHEDULE

- Registration of name on the medical register Part B (Provisional) of the basic medical qualification for five years
 - Within six months of graduation; **Rs. 500/=**
 - After a lapse of six months; **Rs. 1000/=**
 - After one year **Rs.1250/=**
- For each change in registration certificate **Rs. 1000/=**
- 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. 1000/= year**
- Extension of provisional registration **Rs. 1500/= each year**
- Fee for verification of registration/goodstanding overseas **Rs.900/=**
- Fee for verification of registration/goodstanding local **Rs.100/=**

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. After five years the name of the doctor will only be retained on the medical register on payment of prescribed fee for retention of name.
4. **IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION CERTIFICATE** please use PM&DC form 8
5. 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 1000/= to amend the certificate.
6. 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 before my marriage I was registered with the Pakistan Medical & Dental Council as (Name) _____. Now I am married to _____ and I have adopted my married name as Dr. _____. (Documentary proof attached i.e 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

PM&DC-FORM-1 (Dental)
PROVISIONAL REGISTRATION ON THE REGISTER OF
DENTAL PRACTITIONERS (Part-B) FOR HOUSE JOB ONLY

PMDC Registration No

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(For office use only)

**Please
paste one
Photograph**

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

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

(Please read and understand the instructions before filling this form)

Dear Sir,

I have qualified BDS final exam held on _____ from _____ I
 may be provisionally registered on part-B of the register of Dental Practitioners (under the PM&DC Ordinance,
 1962) and a PM&DC certificate of provisional 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. Present/Mailing
Address _____
4. Permanent Address _____
5. PM&DC students registration No. _____ Nationality _____ Province of domicile _____
6. C.N.I.D.(NADRA) Card No. _____ Gender-M/F _____ Date of Birth _____
 Phone/Fax No. _____ Email _____
7. **Bank Draft/Pay Order of Rs. _____ No. _____ Dated _____**

Name of issuing branch _____

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

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

8. Particulars of BDS or equivalent basic qualification required to be registered

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

10. **ADDITIONAL INFORMATION REQUIRED**

BDS

YEAR	NAME OF MEDICAL COLLEGE	ATTENDED FORM TO	NAME OF UNIVERSITY
1 st YEAR BDS			
2 nd YEAR BDS			
3 rd YEAR BDS			
4 th YEAR BDS			

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

- Provisional BDS certificate/degree/professional examination certification.
- Matric certificate/age proving document.
- Student registration certificate issued by PM&DC. Migration cases to provide all related documents
- Three photographs (passport size) one attested on front side on the form and others on the back
- Photostat copy of Computerized National I.D.Card issued by NADRA.

12. Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice with in thirty days. I have never been registered with PM&DC in the past. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Signature_____

Full Name Dr. _____

Date _____

(FOR USE OF THE OFFICE OF THE PRINCIPAL ONLY)

Dr. _____ has passed final BDS exam held on _____
from _____ His/Her application is verified and
recommended for provisional registration as Dental 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 Dental practitioner on this
day _____ for a period of one year for house job only.

Assistant

Superintendent

Asstt/Deputy Registrar

Registrar

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

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk
These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

(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.
- (v) The applicant doctor shall collect the Registration Certificate personally. Incase 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.
- (vi) The provisional registration will only be extended once.

CONVERSION OF PROVISIONAL REGISTRATION INTO FULL REGISTRATION

On completion of one-year PM&DC prescribed house job from a PMDC approved hospital a doctor may apply for full 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 name on the medical register Part B (Provisional) of the basic dental qualification for five years
 - Within six months of graduation; **Rs. 500/=**
 - After a lapse of six months; **Rs. 1000/=**
 - After one year; **Rs. 1250/=**
- For each change in registration certificate **Rs. 1000/=**
- If certificate is required to be delivered by couriers
 - with in Pakistan, **Rs.100/-**
 - out side Pakistan. **DHL rates**
- Foreign nationals passing BDS from Pakistani Universities **Rs. 1000/= year**
- Extension of provisional registration **Rs. 1500/= each year**
- Fee for verification of registration/goodstanding overseas **Rs.900/=**
- Fee for verification of registration/goodstanding local **Rs.100/=**

Cash can be deposited at the Faisal 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. After five years the name of the doctor will only be retained on the medical register on payment of prescribed fee for retention of name.
4. **IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION CERTIFICATE** please use PM&DC form 8
5. 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 1000/= to amend the certificate.
6. 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 before my marriage I was registered with the Pakistan Medical & Dental Council as (Name) _____. Now I am married to _____ and I have adopted my married name as Dr. _____. (Documentary proof attached i.e 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

Revised PM&DC-FORM-1A (MEDICAL)**APPENDIX-3****Pakistan Medical & Dental Council**

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

FULL REGISTRATION ON THE REGISTER OF MEDICAL PRACTITIONERS (AFTER HOUSE JOB)

PMDC Registration No

--	--	--	--	--	--	--

By

The Registrar

Pakistan Medical & Dental Council

G-10-/4, Mauve Area, Islamabad.

Hand

Post

Courier

(Please read and understand the instructions carefully before filling in this form)

Sir,

I Dr. _____ S/o, D/o _____
 having postal address _____ permanent address _____

have successfully completed one-year compulsory house job as per requirement of the PM&DC from a PM&DC approved hospital for the same. It is requested that my name may be retained in part A of the medical register and a registration certificate to this effect may kindly be issued to me. I am enclosing the following documents herewith: -

- (i) Original PM&DC Provisional Registration Certificate.
- (ii) A copy of MBBS degree attested by the Principal..
- (iii) A copy of (one-year) house job certificates attested by the M.S. of a PM&DC approved hospital.
- (iv) Three recent photographs (2 Passport size and one Identity Card size) one attested on front side and then pasted on the form and others on the back (by the Principal or the M.S. of a PM&DC approved hospital)

(Note: Without the above documents the case will not be processed. Fee will be charged for full registration for five years from the date of registration however courier expenses will be charged if the certificate is required to be delivered by couriers

For extension on provisional registration for one year.

Rs.1500/=

Permanent fee

Rs.1500/=

Verification of house job/clinical work done in a foreign country

Rs.4000/=

with in Pakistan,

Rs.100/-

out side Pakistan.

DHL rates

Urgent Fee

Rs.1000/-

Fee for verification of registration/goodstanding overseas

Rs.900/=

Fee for verification of registration/goodstanding local

Rs.100/=

A bank draft/pay order of Rs. _____ No. _____ Dated _____ Name _____
 of issuing branch _____

(Name & Registration No. of Doctor must be written on the backside of bank draft)

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

Details of House Job

Name of Hospital	Field	From	To

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice within thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____
 TEL/FAX/EMAIL _____ Dated _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt

No. _____ dated _____

Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PAKISTAN MEDICAL & DENTAL COUNCIL

MAUVE AREA G-10/4 ISLAMABAD.

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

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

GENERAL

- (i) The applicant must fill in this PM&DC form-1-A 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) Applications for registration are to be routed through respective Principal or Medical Superintendent of the hospital where house job was done, under a covering letter. Registration certificates will be dispatched to the applicant by post within two weeks from the date of receipt of application provided all required formalities are complete. In case there is any objection the process will be delayed.
 - (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) If the degree is not available then the registration will be extended provisionally. It will be converted into permanent only on the production of the degree.
 - (v) After five years the name of the doctor will only be retained on the Medical register on payment prescribed fee for retention of name.
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 1000/= 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 before my marriage I was registered with the Pakistan Medical & Dental Council as Dr. _____. Now I am married to _____ and I have adopted my married name as Dr. _____. (Documentary proof attached i.e 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

Revised PM&DC-FORM-1A (DENTAL)
Pakistan Medical & Dental Council

APPENDIX-4

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

FULL REGISTRATION ON THE REGISTER OF DENTAL PRACTITIONERS (AFTER HOUSE JOB)

PMDC Registration No

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By

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

Hand	Post	Courier
------	------	---------

(Please read and understand the instructions carefully before filling in this form)

Sir,

I Dr. _____ S/o, D/o _____
having postal address _____ permanent address _____

have successfully completed one-year compulsory house job as per requirement of the PM&DC from a PM&DC approved hospital for the same. It is requested that my name may be retained in part A of the Dental register and a registration certificate to this effect may kindly be issued to me. I am enclosing the following documents herewith: -

- (i) Original PM&DC Provisional Registration Certificate.
- (ii) A copy of BDS degree attested by the Principal..
- (iii) A copy of (one-year) house job certificates attested by the M.S. of a PM&DC approved hospital.
- (iv) Three recent photographs (2 Passport size and one Identity Card size) one attested on front side and then pasted on the form and others on the back (by the Principal or the M.S. of a PM&DC approved hospital)

(Note: Without the above documents the case will not be processed. **Fee** will be charged for full registration for five years from the date of registration however courier expenses will be charged if the certificate is required to be delivered by couriers

For extension on provisional registration for one year.	Rs.1500/=
Permanent fee	Rs.1500/=
Verification of house job/clinical work done in a foreign country	Rs.4000/=
with in Pakistan,	Rs.100/-
out side Pakistan.	DHL rates
Urgent Fee	Rs.1000/=
Fee for verification of registration/goodstanding overseas	Rs.900/=
Fee for verification of registration/goodstanding local	Rs.100/=

A bank draft/pay order of Rs. _____ No. _____ Dated _____ Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the backside of bank draft)

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

Details of House Job

Name of Hospital	Field	From	To

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice within thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____

Tel/Fax/Email _____ Dated. _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____
Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PMDC FORM-1A (DENTAL)
PAKISTAN MEDICAL & DENTAL COUNCIL
MAUVE AREA G-10/4 ISLAMABAD.

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdcsec@isb.paknet.com.pk pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

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

GENERAL

- (v) The applicant must fill in this PM&DC form-1-A 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.**
 - (vi) Applications for registration are to be routed through respective Principal or Medical Superintendent of the hospital where house job was done, under a covering letter. Registration certificates will be dispatched to the applicant by post within two weeks from the date of receipt of application provided all required formalities are complete. In case there is any objection the process will be delayed.
 - (vii) The applicant doctor shall collect the Registration Certificate personally. Incase 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.
 - (viii) If the degree is not available then the registration will be extended provisionally. It will be converted into permanent only on the production of the degree.
 - (v) After five years the name of the doctor will only be retained on the dental register on payment prescribed fee for retention of name.
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 1000/= 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 before my marriage I was registered with the Pakistan Medical & Dental Council as Dr. _____. Now I am married to _____ and I have adopted my married name as Dr. _____. (Documentary proof attached i.e 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

PM&DC-FORM-II
RETENTION OF NAME ON THE REGISTER OF
MEDICAL/DENTAL PRACTITIONERS

APPENDIX-5

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

PMDC Registration No

--	--	--	--	--	--	--

Please paste
one
Photograph

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

It is requested that my name may please be retained on the register of the council for a further period of **five** years. I am enclosing the following documents: -

1. Original PM&DC Registration Certificate.
2. Copy of MBBS/BDS degree/postgraduate degree/diploma attested by the respective Principal or his authorized Professor. (mandatory requirement if not submitted earlier)
3. Three recent photographs (2 Passport size and one identity Card size)
4. Copy of National I.D Card.

Fee deposited (in Rupees)

Fee for retention of name in medical register	Late fee	Urgent fee	Courier charges	Change in certificate	Total fee

A bank draft/pay order of Rs. _____ No. _____ Dated _____

Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the back side of bank draft)

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

(Fill in with block letters)

Name with Father's Name	Date of Birth	qualifications already registered	Permanent Address	Present Mailing Address
			City/Dist Phone	City/Dist Phone

Present place of practice/posting (complete address with designation) _____

Note: For registration/recognition of additional postgraduate qualification use PM&DC form No.6 & 7.

In case of any deficiency in documents/fee the case will not be processed further.

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice within thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____ Dated _____

(For office use only)

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

1. Registration renewed on _____ & valid upto _____ /I/D Card issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PM&DC-FORM-II

Please read these **INSTRUCTIONS** carefully before submitting this form.

For more information contact us at 051-9266004 or visit our website:

www.pmdc.org.pk

1-GENERAL

Registration Certificate will be dispatched by registered post within two weeks of the date of receipt of application, if all required formalities are complete. Doctors coming personally and intending to get their Registration Certificate on urgent basis are advised to remit urgent fee and deposit their documents before 10:00 a.m. If courier service is required, fee may be paid accordingly.

The name of the doctor is retained on the medical/dental register only till the date of retention mentioned on the certificate of registration. This date can be extended on payment of prescribed fee.

The applicant doctor shall collect the Registration Certificate personally or through a authorized person having an authority letter by the applicant attesting his identity and must be in possession of the original bank receipt and copy of his/her CNIC.

For any additional qualification not already registered use PM&DC Form-6 or 7.

2- FEE SCHEDULE FOR RETENTION OF NAME ON MEDICAL /DENTAL REGISTER:

- | | |
|--|------------|
| i. Only BASIC MEDICAL/DENTAL Qualification MBBS/BDS. For five years @ 500/- per annum. | Rs. 2500/- |
| ii. BASIC MEDICAL/DENTAL Qualification MBBS/BDS With additional postgraduate qualifications for five years @ 700/- per annum. | Rs. 3500/- |
| iii. Name retention Fee for Foreign Nationals (for one year) | Rs. 1000/- |
| iv. Late Fee (Will be charged if renewed after the expiry of the six months grace period after the expiry date of Registration Certificate). | Rs. 1000/- |
| v. For any change in registration certificate | Rs. 1000/- |
| vi. For extension on provisional registration. | Rs. 1500/- |
| URGENT FEE (for processing on priority) | Rs. 1000/- |
| COURIER FEE (with in Pakistan) | Rs. 100/- |
| (out side Pakistan) | DHL rates |
| • Fee for verification of registration/goodstanding overseas | Rs.900/= |
| • Fee for verification of registration/goodstanding local | Rs.100/= |

Pakistani doctors/Foreign Nationals applying from foreign countries should pay equivalent amount in foreign exchange through Bank Draft/Cashier's (Cheque) of a recognized Bank payable in Pakistan or Cash can be deposited at the counter in the PM&DC office Islamabad.

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 1000/- to amend the certificate.

5-any false information given herein shall make the applicant liable for cancellation of PMDC 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 before my marriage I was registered with the Pakistan Medical & Dental Council as Dr. _____. Now I am married to _____ and I have adopted my married name as Dr. _____. (Documentary proof attached i.e 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

PAKISTAN MEDICAL & DENTAL COUNCIL

The Secretary
Pakistan Medical & Dental Council
Sector g-10/4, Mauve Area,
Islamabad.(Phone:9266004 Fax:9266427
Website: www.pmdc.org.pk
Email: , pmdc@pmdc.org.pk



Photograph
is to be
here and
then to be

PMDC-III
APPLICATION FORM
(Please see instructions on page 9)

FOR
RECOGNITION OF OVERSEAS BASIC MEDICAL /DENTAL
QUALIFICATION ON INDIVIDUAL MERIT

1. Name_____Sex_____
2. Father's/Husband's Name_____
3. Age_____
4. Nationality_____Province_____
- (i) Present:
- (ii) Previous, if any (in case of foreign nationals, the purpose for which visa for entry into Pakistan was granted and the intended period of stay in Pakistan may please be stated).
5. Address Present

Permanent

6. Purpose of recognition_____

7. BASIC MEDIAL /DENTAL QUALIFICATION:

- (i) Basic Medical /Dental Qualification for which Recognition is required (indicate title of the degree or diploma like M.B.B.S. M.B.Ch.B; MD/BDS

- (ii) Pre-entrance requirement for Medical/Dental Studies, Matric, F.Sc. or B.Sc Please gives detail. (In case such qualifications acquired outside Pakistan equivalence certificate).

- (iii) No. of years spent in the Country / University for obtaining the degree (please enclose photo copies of relevant pages of passport duly attested).

Name of Qualification	Name of University/ Examining body	Name of Institute	Date Examination held	Date result declared	Marks Obtained/ Total marks	Division
a) Matriculation						
b) Intermediate (Pre-Medical) or equivalent						
c) B.Sc. or equivalent						

- (iv) Duration of Course/Training

- (v) Give Details of subjects studied year-wise /semester-wise

Year	Name of Institution Country
First Year	
Second Year	
Third Year	
Fourth Year	
Fifth Year	
Sixth Year	

*If the years of study has been in more than one country specify reasons. Use additional sheet if necessary.

- (vi) Details of subjects prescribed for each examination at the end of each year.

YEAR	SUBJECT	NUMBER OF PAPERS	Marks OBTAINED/TOTAL MARKS
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			
Sixth Year			

- (vii) Mention whether compulsory internship prescribed for registration of conferment of degree/diploma.

- (viii) Whether the qualification conferred/awarded after proper evaluation /examination?

Yes

☐

No

☐

If yes, the System of examination Internal
Whether assessment

Internal
assessment

☐

Comprehensive
Examination

☐

Both

☐

Mark "X" in relevant Box

8. Proof of registration in the State or Country in which qualification was Obtained entitling the applicant to The right of practicing the art of Medicine /Dentistry or a Certificate From a Registering Authority that Qualification obtained are registrable in the country of origin

9. Details of professional experience:

Abroad	Pakistan

10. Present Occupation _____

I undertake to inform the Registrar, Pakistan Medical & Dental Council of any change of address of residence or practice and abide by the code of medical ethics prescribed for the registered medical/dental practitioner by the council.

It is certified that I have not so far been registered 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 or suppressed by me in this behalf

Signature of applicant _____

Name: _____

Date: _____

Phone: _____

FOR OFFICE USE

I. RECOGNITION SECTION

i. Minute No. _____ Recognition Committee
meeting held on _____ at _____

ii. Qualification Recognised. _____

iii. Equivalence

II. REGISTRATION SECTION

A. Dr. _____ passed the basic
medical/dental Qualification of _____ from _____
University of _____ Country _____ in the
year _____

B. Prescribed fee has been received & credited vide receipt _____
No. _____ dated _____

C. Registration certificate No. _____ issued on _____
Valid upto _____

D. Identity Card _____

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

**PAKISTAN MEDICAL & DENTAL COUNCIL
OATH FOR MEDICAL AND DENTAL GRADUATE**

In the name of Allah, Most Gracious & Merciful.

1. I solemnly pledge that I shall abide by the principles laid down in the Code of Medical Ethics of the Pakistan Medical & Dental Council.
2. I further make solemn declaration that:-
 - I consecrate my life to the service of humanity.
 - I will give to my teachers the respect and gratitude which is their due.
 - I will practice my profession with conscience dignity and fear of God.
 - The health of any patient will be my first consideration.
 - I will respect the secrets, which are confided in me.
 - I will maintain by all the means in my power, the honour and the noble traditions of the medical profession.
 - My colleagues will be my brothers and sisters.
 - I will not permit consideration of religion, nationality, race, party politics and social standings to intervene between my duty and my patient.
 - I will maintain the utmost respect, for human life from the time of conception; even under threat, and will not use my medical knowledge contrary to the laws of humanity.
 - I make these promises solemnly, freely upon my honour.

Signature of Doctor_____

Name of Doctor_____

PMDC Regn.NO. _____
(to be filled in by the office)

**(A) SPECIMEN OF UNDERTAKING ON STAMP PAPE OF RS.10/-
FOR PROPER
IDENTITY OF FOREIGN GRADUATE**

I, Dr. _____ S/o _____

Residential address _____

do hereby solemnly affirm undeclared as under :- _____

- 1) I am permanent resident of Village/Town _____
P.O. _____ Tehsil _____ District _____
Province _____ (a copy of Domicile Certificate OR
National Identity Card is attached)
- 2) Have passed my Matriculation examination from School _____
in _____ and F.Sc. examination from college _____
_____ in _____
- 3) I have passed my Medical qualification namely _____
_____ from _____ in the year _____
- 4) I am the same person who obtained the above academic and Medical & Dental
qualifications and not impersonating.

**WHATEVER is stated above is true to the best of my knowledge and belief and
nothing has been suppressed or concealed by me in this behalf.**

Signature and Seal of the Court.

Deponent

**(B) SPECIMEN OF UNDERTAKING ON STAMP PAPER OF RS.10/-
FOR THE CHANGE OF NAME AFTER MARRIAGE
UNDERTAKING**

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 _____

before my marriage. I was married to _____

and I have adopted my married name as Dr. _____

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 me in this behalf.

Signature and Seal of the Court.

Deponent

DETAILS OF QUALIFICATIONS

S.No.	Degree		Specialization		Institution		Date of Exam. held	Date of Result	Academic distinction
	Name	Code	Subject	Code	Name & address	Code			
1.									
2.									
3.									
4.									
5.									
6.									

Code for office use only

ONLY FOR THOSE PAKISTANIS WHO ARE WORKING ABROAD

Do you want to settle in Pakistan? 1. Yes 2. NO. 3. Temporarily 4. Permanently

If offered an employment in Pakistan, how soon thereafter could you make yourself available?
(Specify period in months)

Would you like to render your services in:

1. Govt. Service
 2. Teaching
 3. Private consultancy
-

If you want to set up your own private consultancy, would you like to import some medical/dental equipment?

Y- Yes

N-No

State the minimum salary acceptable to you, in case offered a job.

(in Rupees)

Details of any other facility desired by you:

1. Equipment

2. Building

3. Loan 4. Private practice

5. Other

***Please Note Code will be entered by the office**

INSTRUCTIONS

1. Application form PMDC-III for recognition of foreign qualification in quadruplicate (four copies) duly filled in and signed by doctor.
2. Registration fee Rs 1000/- through Bank Draft in the name of Pakistan Medical & Dental Council Islamabad.
3. Processing fee of Rs. 5000/- in addition to Registration Fee (non-refundable) through Bank Draft.
4. Seven passport size photographs duly attested by authorized officer of Pakistan Embassy in that country OR by an authorized officer of Ministry of Foreign Affairs OR by the Professor/Associate Professor of a recognized Medical /Dental College of Pakistan.
5. Four Photostat copies of degree marks sheet and other documents duly attested by person specified above. Each page should be attested separately. In case the degree is in the language other than English then four copies of authenticated English translation along with one copy of degree in original language.
6. Copy of syllabus/University calendar in original in English language translation along with one copy of syllabus/ university calendar in original language.
7. Course outline showing the allocation of hours for teaching programme of each year/semester of all subjects taught and examined.
- 8. One Photostat copy of first 4 pages of passport and the page on which the date of leaving Pakistan and date of entry to Pakistan are stamped before and after obtaining qualification, respectively.**
9. One attested Photostat copy each of National Identity Card or Nationality Certificate.
10. An affidavit for proper identity (specimen-A page 6).
- 11. One attested Photostat copy each of metric as well as F.Sc (Premedical) and in case such qualifications acquired from foreign country equivalence certificate from any agency in Pakistan.**
- 12. Foreign National to route application through either Ministry of Health of Pakistan along with a certificate from head of department where admission for postgraduate studies has been approved.**
13. Foreign National fee of Rs.10000/- through Bank Draft.
14. Proof of registration with the registering/licencing body in the country of origin. Please attach Photostat copy duly attested by the person specified above.
- 15. A certificate of Good/Standing in original from the Medical or Dental Council/Registring/Licencing Authority of the country from where the basic qualification has been obtained.**
- 16. In case change of name after marriage is required, enclose necessary papers such as authenticated evidence, Nikah Nama, Marriage Certificate or undertaking for the purpose (specimen-B page 6).**
17. Fee Rs.10000/- for temporary registration/NOC of doctors with foreign nationality visiting Pakistan for teaching/demonstration etc.

PM&DC-FORM-IV

RECOGNITION OF EXPERIENCE

APPENDIX-7

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

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Registration Number



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

Please paste
one
Photograph
and then get it
attested by the
person
specified
overleaf as in
Instruction 4

Subject: **RECOGNITION OF EXPERIENCE.**

Dear Sir,

I am enclosing experience certificates(instruction overleaf) as per detail given below for recognition. Please issue me recognition of experience certificate for

(purpose). My PM&DC Registration No is _____

Sr.No	Detail of experience		Name of Institution
	Designation	Duration(dates)	

Sr.No	Detail of articles	Published in
-------	--------------------	--------------

SUBJECT TO INSTRUCTIONS OVERLEAF

Address _____

Phone: _____

Signature _____

Name _____

Designation _____

Date. _____

*Attach extra sheet if required

INSTRUCTIONS

- a. The experience certificate at one time is issued for single purpose.
- b. The experience certificates enclosed with this form for recognition must contain the details of nature and name of job, period of job (day, month and year) in addition to name of doctor.
- c. In case of eligibility for teaching appointments or other appointments the Government Servants should route their applications through proper channel.
- d. The applicant should be fully aware of the fact that the experience certificate is accepted/processed and issued purely at the risk and interest of the applicant to facilitate him.
- e. The benefit of practical experience in respect of training for postgraduate qualification will be considered only of those doctors who have successfully obtained the qualification and registered with the PM&DC.
- f. Personal enquiries regarding issuance of experience certificate shall not be entertained.
- g. Applications with incomplete or deficient information shall not be processed
- h. Application forms not accompanied by publications as required by PM&DC shall not be processed.
- i. copy of the Proof/Letter from Foreign Agency for Demand of Experience Certificate duly attested.
- j. Fee shall be remitted with every submission.
- k. There shall be no urgent processing of the experience certificate.
- l. No application for experience for Associate Professor/Professor shall be entertained if not accompanied by original journals containing articles as recognized by PM&DC.

m. LOCAL EXPERIENCE:

The experience certificate must be issued by the Medical Superintendent or Head of the Institution recognised by PM&DC on his letter-head mentioning his name clearly. The testimonials issued by the teachers are not acceptable.

The following documents must accompany the form on pre-page:

- i. This form (pre-page) dully filled-in and signed by the doctor.
- ii. Three passport size photograph dully attested by the Medical Superintendent of a District Headquarters level hospital or Principal of a Medical/Dental College or by the member of the Council or by authorised officer of Pakistan Embassy aboard.
- iii. Three photostat copies each of the experience certificate duly attested separately by the person specified above.
- iv. Photostat copy of the valid registration certificate.
- v. Experience certificate fee of Rs. 1500/- through Bank Draft/Pay Order in favour of Pakistan Medical and Dental Council, Islamabad.
- vi. An Affidavit on Rs. 10/- Judicial Stamp Paper (specimen No 1)
- vii. Submitted certification order from Health Department.
- viii. Fee for verification of registration/goodstanding overseas **Rs.900/=**
- ix. Fee for verification of registration/goodstanding local **Rs.100/=**

i. FOREIGN EXPERIENCE

- i. This form (per-page) dully filled-in and signed by the doctor.
- ii. Photostat copy of valid registration certificate under which basic as well as post graduate qualifications are registered with this Council.
- iii. Four photostat copies each of experience certificate (signed by the head of Institute) duly attested by the Principal of any Medical/Dental College in Pakistan who knows you personally OR by an authorised Officer of Pakistan Embassy in that Country OR by an authorised Officer of the Ministry of Foreign Affairs in Pakistan OR by member of the Council who know you personally.
- iv. Three passport size photographs duly attested by the person specified above.
- v. Complete Bio-Data duly signed.
- vi. Experience certificate fee of Rs. 1500/- through Bank Draft/Pay Order in Favour of Pakistan Medical and Dental Council, Islamabad.
- vii. Processing fee or Rs. 5000/- (non-refundable) through Bank Draft/Pay Order in favour of Pakistan Medical & Dental Council, Islamabad.
- viii. An Affidavit on Rs. 10/- min Judicial Stamp Paper (specimen No 1)

ADDITIONAL Copy OF EXPERIENCE CERTIFICATE:

- a. An application on plain paper referring previous experience certificate etc. Mentioning PM&DC registration number, and purpose of additional copy.
- b. Three passport size photographs duly attested by the person specified above.
- c. Experience Certificate fee of Rs. 500/- through Bank Draft/Pay Order in favour of Pakistan Medical & Dental Council, Islamabad.
- d. An affidavit of Rs. 10/- Judicial Stamp Paper (specimen No 2).

j. Publications/articles

. Provide original journals in which articles were published and two copies of each article and front page of the Journal, duly attested by a professor of a recognized medical/dental college.

SPECIMEN NO.1 OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR ISSUANCE OF RECOGNITION OF EXPERIENCE

I, Dr. _____

S/O,D/O _____ Regn. No _____

Resident of _____

Do hereby solemnly affirm as under:-

1. I am submitting my documents to the Pakistan Medical & Dental Council for the issuance of the experience certificates for the purpose _____

2. I am fully aware that more than one agency is involved in such process and considerable time is consumed and I shall not pressurize or demand for any hurry.

I am submitting these documents purely on my risk and risk and responsibility and I will not held PM&DC responsible for delay etc.

I will totally accept the decision of the Council and shall not challenge it in any form.

4. I am fully aware that submitting this application is in my own interest and shall wait till PM&DC responds patiently.

5. The above facts are true to the best of my knowledge.

Signature and Seal of the Notary public/oath Commissioner

Deponent

SPECIMEN NO.2 OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR ISSUANCE OF RECOGNITION OF EXPERIENCE

I, Dr. _____

S/O,D/O _____ Regn. No _____

Resident of _____

do hereby solemnly affirm as under:-

1. A copy of experience certificate No. _____ was issued to me which has been submitted to _____ / mis-placed by me

2. I require another copy of certificate for the purpose _____

3. I am not concealing the facts and will not mis-use the experience certificate.

4. The above facts are true to the best of my knowledge.

Signature and Seal of the Notary public/oath Commissioner

Deponent

PM&DC-FORM-V

CERTIFICATE OF GOOD STANDING

APPENDIX-8

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk

E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

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Registration Number



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

Please paste
one
Photograph
and then get it
attested by the
person
specified
overleaf as in
instruction 4

Subject: **CERTIFICATE OF GOOD STANDING.**

Dear Sir,

It is requested that a Certificate of Good Standing may please be issued in my name. I am enclosing following documents:-

1. Duly attested copy of the proof/letter for demand of Good Standing Certificate to ascertain purpose OR an affidavit explaining the reason for attaining Certificate of Good Standing, on stamp paper of minimum Rs.10/- as per specimen given in instructions.
2. Copy of MBBS/BDS degree duly attested (mandatory requirement if not submitted earlier)
3. Where applicable copy of transcript certificate /detailed mark sheet of MBBS/BDS. (duly attested)
4. Copy of valid PM&DC registration Certificate duly attested. (See instruction 3)
5. Two passport size photographs duly attested.
6. A bank draft/pay order of Rs. _____ No. _____ Dated _____
Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the back side of bank draft)

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

***Note:-** 1.

Good Standing Fee	Urgent fee	Courier charges	Total amount

Good Standing Certificate will be issued only after 6 months of the date of registration

2. For attestation see instructions.

Fill in with block letters

Name with Father's Name and designation	Reg. No. and valid upto	Qualifications already registered	For /Purpose (Country/regulatory body)	To be mailed at

***Note:-** In case of any deficiency in documents/fee the case will not be processed further.

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice within thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____

Tel/Fax/Email _____ Dated _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____
Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PM&DC-FORM-V
CERTIFICATE OF GOOD STANDING

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: www.pmdc.org.pk

E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

INSTRUCTIONS

1. The Good Standing Certificate is valid for six months only. If you are required to submit the experience certificate along with Good Standing Certificate to a foreign agency for registration, you are advised in your own interest to ensure that you have obtained the experience certificate from the Council. Experience certificate is issued after verification from the originator, which may take considerable time, in case of foreign experience, the applicant may have to wait for 5 – 6 months or more.
2. All doctors are advised to send their application for Good Standing Certificate by registered post to the Secretary Pakistan Medical & Dental Council, G-10/4 Mauve Area, Islamabad and their Registration Certificate will be dispatched to them under registered cover within a month, from the date of receipt. Those doctors coming personally to get their Good Standing Certificate urgently are advised to remit an urgent fee of Rs.1000/- by bank draft/pay order and deposit their documents before 10:00 AM. They will be issued Good Standing Certificate preferably on the same day before the close of the office. Documents for issuance of Certificate the same day will not be accepted after 10:00 a.m. If a Certificate is required by courier service charges may be added in addition to urgent fee-
3. Attestation must be done by the principal or professor/associate professor of any medical/ dental college in Pakistan or abroad and by medical superintendent of district headquarters hospital (level) or by the district health officer or by an authorized officer of Pakistan embassy abroad.
4. **Fee Schedule For Good Standing Certificate:**

Fee for Good standing Certificate	Rs.3000/-
Urgent Fee	Rs.1000/-
Courier Fee (with in Pakistan)	Rs.100/-
(out side Pakistan)	DHL rates
• Fee for verification of registration/goodstanding overseas	Rs.900/=
• Fee for verification of registration/goodstanding local	Rs.100/=

Foreign Nationals & Pakistan doctors applying from foreign countries should pay equivalent amount in foreign exchange through bank Draft /Cashiers of a recognized bank payable in Pakistan.

SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR ISSUANCE OF GOOD STANDING CERTIFICATE

I, Dr. _____ Son/Daughter of _____ Registration No. _____
Permanent address _____ Now residing at _____ do hereby solemnly affirm
and declare on oath that I am registered with Pakistan Medical & Dental Council at the above
No. and am proceeding to (country name) and need Good Standing Certificate for the purpose
of _____ for submission to _____. I further declare that Good Standing Certificate
will not be used for other purpose than specified in this affidavit/application.
The above statement is correct to the best of my knowledge and belief and nothing has been
concealed or suppressed by me in this behalf.

Signature and Seal of the Notary public/oath Commissioner
Deponent

To be filled in Quadruplicate
use additional sheets if
required

APPENDIX-9

PAKISTAN MEDICAL & DENTAL COUNCIL
G-10/4, MAUVE AREA ISLAMABAD

The Secretary
Pakistan Medical & Dental Council
Sector G-10/4, Mauve Area,
Islamabad.
Phone: 9266004 Fax: 9266427
Website: www.pmdc.org.pk
Email: pmdc@ntc.pk



Photograph is
to be pasted
here and then
to be attested

PMDC-VI
APPLICATION FORM
(Please see instructions on page 4)

FOR
RECOGNITION OF OVERSEAS POSTGRADUATE
MEDICAL /DENTAL QUALIFICATION FOR
RECOGNITION ON INDIVIDUAL MERIT

1. Name _____ Sex _____
2. Father's/ Name _____
3. Registration No. _____ Date _____ Valid upto _____

(if your basic Medical qualification like M.B.B.S already registered with this Council and applying for Recognition of postgraduate qualification). Attach photocopy of registration certificate.

4. Nationality: _____

(iii) Present:

- (ii) Previous, if any (in case of foreign nationals, the purpose for which visa for entry into Pakistan was granted and the intended period of stay in Pakistan may please be stated).

5. Addresses Present

Permanent _____

6. Purpose of recognition _____

7. POSTGRADUATE QUALIFICATION:

- (i) Title of Postgraduate Qualification
- (ii) Name of the Institution and examining body
- (iii) Pre-entrance requirement (for example degree, House Job, Years of Residency etc.)
- (iv) Duration of the Course/Training
- (v) Details of the subjects studied year-wise.

1 st Year
2 nd Year
3 rd Year
4 th Year
5 th Year
6 th Year

- (vi) Details of examination passed year-wise:

Year of passing	Subject	Number of papers	MARKS Obtained/Total
1 st Year			
2 nd Year			
3 rd Year			
4 th Year			
5 th Year			
6 th Year			

- (vii) Whether the qualification conferred/awarded after proper evaluation/examination?

Yes ☐

No ☐

If yes, the System of examination
Whether

Internal
assessment ☐

Comprehensive
Examination ☐

Both ☐

Mark "X" in relevant Box

8. Proof of registration in the State or Country in which qualification was obtained conferring the applicant right to practice as consultant / specialist.
9. Details of professional experience:

- a. Abroad
- b. In Pakistan

10. Present Occupation

It is certified that all information given above is correct to the best of my knowledge, if at any stage the information s submitted is found to be incorrect my registration/ recognition may be cancelled.

Signature of applicant_____

Name : _____

Date : _____

Phone : _____

FOR OFFICE USE

- (I) The qualification of _____
In respect of _____
Registration No _____ has been recognised
as equivalent to _____
- (II) Recognition Committee meeting dated _____
held at _____
- (III) Fee received vide receipt No. dated _____
- (IV) Recommended for registration.

ASSISTANT SECRETARY

SUPERINTENDENT

SECRETARY

INSTRUCTIONS

1. Application form PMDC VI for recognition of overseas postgraduate Medical / Dental qualification in quadruplicate (four copies) for each qualification separately duly filled in and signed by doctor.
2. Registration fee Rs 1000/- through Bank Draft in the name of Pakistan Medical & Dental Council Islamabad for each qualification.
3. Processing Fee of Rs. 5000/- in addition to Registration Fee (non-refundable) through Bank Draft.
4. Seven passport size photographs duly attested by authorized officer of Pakistan Embassy in that Country OR by an authorized officer of Ministry of Foreign Affairs in Pakistan OR by any registered medical/dental practitioner with a valid registration.
5. Four Photostat copies of diploma/ degree duly attested by person specified above. Each page should be attested separately. In case the diploma/ degree is in the language other than English then English then four copies of authenticated English translation along with one copy of diploma in original language.
6. Copy of syllabus/University calendar in original in English language. In case the same is in language other than English then copy of authenticated English translation along with one copy of syllabus/ university calendar in original language.
7. Pakistan Medical and Dental Council Registration number.
8. Proof of registration with the registering / licensing body in country of origin. Please attach Photostat copy duly attested by the person specified above.
9. A certificate of Good-Standing, in original, from the Medical or Dental Council / Registering or licensing Authority of the country from where the postgraduate /basic qualification has been obtained.
10. Fee Rs.10000/- for temporary registration/NOC of doctors with foreign nationality visiting Pakistan for teaching/demonstration etc.

PM&DC-FORM-VII
FOR FIRST TIME REGISTRATION OF REGISTRABLE LOCAL
POSTGRADUATE MEDICAL/DENTAL QUALIFICATION

APPENDIX-10

PMDC Registration No

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The Registrar
Pakistan Medical & Dental Council
G-10-/4, Mauve Area, Islamabad
Website: www.pmdc.org.pk

Please paste
one Photograph
and then get it
attested by the
person
specified below
as in 2

(Please read and understand the instructions before filling this form)

Dear Sir,

It is requested that my Postgraduate Qualification may please be registered. I am enclosing the following documents.

5. Original PM&DC Registration Certificate. (for replacement with new one)
6. PM&DC Postgraduate Student Registration number _____ (where applicable) .
7. Copies of Postgraduate Degree/Diploma duly attested by only the principal / professors/of Medical/ Dental College.
8. Three photographs duly attested (as S.No.3)
9. A bank draft/pay order of Rs. _____ No. _____ Dated _____
Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the back side of Bank Draft)

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

Detail of fee deposited (in rupees).

Registration of additional qualification fee	Renewal fee /difference @ Rs.200/- per year+Rs.700/- per year	Late fee	Urgent fee	Courier charges	Total amount

Detail of qualification required TO BE registered

Name of qualification	Name of Training Institution/College with date of joining	Name of University/ degree awarding institute	Year of passing exam	Duration of course

Detail of all local and foreign postgraduate qualifications ALREADY registered

Name of qualification	Name of Institution/College	Name of University	Year of passing exam	Duration of course

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice with in thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____

Tel/Email _____ Dated _____

Present Mailing Address _____

Permanent Address _____

(FOR OFFICE USE ONLY)

1. Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____
2. Postgraduate Qualification. _____ registered provisionally/ permanently on _____

Assistant

Superintendent

Assistant /Deputy Registrar

Secretary/ Registrar

PM&DC–FORM-VII
FOR FIRST TIME REGISTRATION OF REGISTRABLE LOCAL
POSTGRADUATE MEDICAL/DENTAL QUALIFICATION

TEL: UAN 111-321-786, 051-9266004 Fax No.051-9266427

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

INSTRUCTIONS

1. GENERAL INSTRUCTION:

- i. All doctors are requested to send their applications for recognition of additional qualification by registered post to the Registrar PM&DC Islamabad. Registration Certificate will be dispatched by registered post or by Courier service if paid for.
- ii. Applicant's PM&DC Registration must be valid to process registration of the additional post graduation qualification. If not valid kindly get it renewed by using PM&DC Form-II
- iii. Letter of election/degree of MCSPS/ FCSPS `from college of physicians & Surgeons of Pakistan is required. Provisional certificate or congratulation letter shall be not considered.
- iv. Only the doctor concerned shall collect the registration Certificate personally. In case any doctor is sending someone else, he must give written authority letter in favour of the person concerned, attesting his specimen signature. Such persons should bring the photocopy of his National identity Card for record of this office.
- v. In Case of loss/misplacement of registration certificate, please use PM&DC Form-VIII

2. Fee Structure:

- i. All fees are to be paid through bank draft/pay order in favor of PM&DC, G-10/4 Islamabad, Cash can be deposited at the counter in the PM&DC office Islamabad.
- ii. As all documents are verified by the PM&DC so the request for registration of postgraduate qualification shall not be entertained on urgent basis.
- iii. Fee of Rs.200/- per year will be charged from the date of qualification. Only MCPS/FCPS will be processed urgently.
- iii. Courier charges Rs.100/- within Pakistan and D.H.L rate will apply for outside Pakistan.
- iv. Urgent fee Rs.1000/- for same day delivery.

Registration processing fee for each additional local post graduate qualification	Rs 1000/=
Annual fee (from date of award of qualification) in addition to basic qualification fee	Rs 200/=
Annual fee basic with additional qualification	Rs.700/-
Courier Fee (with in Pakistan)	Rs 100=
(out side Pakistan)	DHL rates

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

PM&DC-FORM-VIII
DUPLICATE REGISTRATION CERTIFICATE

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

APPENDIX-11

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

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Registration Number

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



Please paste
one
Photograph
and then get it
attested by the
person
specified
overleaf as in
instruction 4

Subject: DUPLICATE REGISTRATION CERTIFICATE

Dear Sir,

It is requested that a Duplicate Registration Certificate may please be issued. I am enclosing the following documents:-

1. An Affidavit on a stamped paper duly attested (read instruction no.1)
2. Copy of press cutting (read instruction No.2)
3. Copy of F.I.R. (read instruction No.3)
4. Three photographs duly attested (read instruction No.6)
5. Complete photostat copy of degree /diploma duly attested (read instruction No.6)
6. Three specimen signatures duly attested (read instruction No.6)
7. A bank draft/pay order of **Rs.1500/-** No. _____ Dated _____

Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the backside of bank draft)

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

Name & Father's Name	Registration No. & Date and valid upto	Qualification registered	Permanent Address if changed (in Block Letters)	Present Address (in Block Letters)	Postal Address (in Block Letters)
			Distt.		Distt.

Undertaking:

I undertake to abide by the Code of medical Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Register, Pakistan Medical and Dental Council of any change of address of residence or practice with in thirty days. If considered necessary, PM&DC may disclose any information when asked for. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the above information is correct and nothing has been concealed and if found false or contrary to PM&DC rules I am liable for necessary action by the Council leading to cancellation of registration.

Name _____ Signature _____
TEL/FAX/Email _____ Dated _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt No. _____
Dated _____ Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued.

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

INSTRUCTIONS

1. An affidavit on a stamped paper of Rs 10/- duly attested by 1st Class Magistrate stating that you have lost Registration Certificate No _____ (specimen of affidavit is given below)
2. Advertisement in the Press regarding the loss of Registration Certificate No _____ (send the press cutting)
3. Register report with the respective Police Station regarding the loss of Registration Certificate No. _____ (enclose one attested copy of the FIR)
4. A Bank Draft of Rs.1500/- in favor of Pakistan Medical & Dental Council Islamabad as fee for duplicate Registration Certificate.
5. Urgent Fee of Rs. 1000/- only for the receipt of Registration Certificate on the same day before the close of the office if documents are deposited before 10.00 A.M. The certificate required urgent by post, an amount Rs.100/- being courier charges may be added.
6. Three photographs duly attested by the Principal/Professor/Associate Professor of any Medical./Dental college in Pakistan OR by the medical Superintendent of District Headquarters Hospital OR by an authorized officer of Pakistan Embassy abroad.
7. Complete Photostat copy of Degree/ Diploma duly attested by the persons specified at S.N.6 above.
8. Photostat copy of Registration Certificate if available.
9. Three specimen signatures duly attested by the persons specified at S.No.6 above.

SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/- FOR LOSS OF REGISTRATION CERTIFICATE

AFFIDAVIT

I, Dr. _____ Son / Daughter of _____ Permanent address _____ now residing at _____ declare on Oath as under: -

1. That I was registered by the Pakistan Medical & Dental Council at Registration No. _____ dated the _____
2. That have I tried my best to trace out my registration certificate but the same could not be traced up till now.
3. The certificate will be returned to the Secretary, Pakistan Medical & Dental Council Islamabad, if found at any time in future and will not be misused with my concurrence.
4. The above statement is correct to the best of my knowledge and belief and nothing has been concealed or suppressed by me in this behalf.

Signature and Seal of the Court

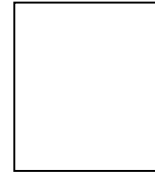
Deponent



Pakistan Medical & Dental Council

APPENDIX-12

Undergraduate Student Registration Form



Date of Application _____

Title of Qualification	
Name of College:	
Admission Date:	
Session:	
Seat No/Admission No.	
PERSONAL DATA	
Name of Student:	
Father's Name:	
N.I.C. No.	
Date of Birth:	
Permanent Address:	
Postal Address:	
Marks F.Sc/ Percentage:	
Contact details: Phone, Email etc	

SIGNATURE OF STUDENT _____

FOR THE USE OF THE OFFICE OF THE PRINCIPAL/DEAN

The above particulars of the applicant are certified to be correct and it is further certified that programme of _____ is approved by the PM&DC for undergraduate training.

Seal and Signature of the Principal/Dean _____

(For office use only)

Received **Rs.500/-** (Rupees five hundred only) vide receipt No. _____ dated _____

Student Regn No _____

Assistant

Superintendent

Assistant/Deputy Registrar

The Secretary,
Pakistan Medical & Dental Council,
G-10/4, Mauve Area,
ISLAMABAD.

SUBJECT: REQUEST FOR NOC FOR MIGRATION OF UNDERGRADUATE STUDENT.

I am an undergraduate student my particulars are as under

Name/with Father' Name	Medical/Dental Student Regn No. of PM&DC	F.Sc Pre-medical Marks/IBCC equivalence	Present Address

Detail of Professional Study

Year	Name of College	Period from _____ To _____	University
1 st Year			
2 nd year			
3 rd Year			
4 th Year			
5 th Year			

Copies of Matric, FSc/IBCC equivalence certificate and PM&DC student registration card and MBBS/BDS professional result duly attested by the Principal are enclosed.

Kindly allow me to migrate:-

From _____

To _____

Signature _____

Name _____ Date _____

I do verify the above statement and recommend this application for NOC

Relieving Principal

Consent of the accepting Principal

I hereby accept the above student

Accepting Principal

Note : It is mandatory for both institutions to inform PM&DC about leaving & joining of the above mentioned student when it materializes. The accepting college shall apply to PM&DC for issuance of a new student registration No. and shall not exceed its PM&DC allocated strength of the same class.

(For office use only)

Received **Rs.2000/-**(Rupees two thousand only) vide receipt No. _____ dated _____
Student Regn. No. _____

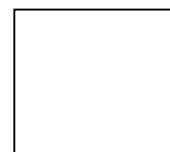
Assistant

Superintendent

Assistant/Deputy Registrar

FACULTY REGISTRATION/RENEWAL FORM

APPENDIX-14



PM&DC Registration No.		
Name:		
Title:		
Permanent Address:		
Email:	Phone:	Fax:
Postal Address:		
Email:	Phone:	Fax:
College/University Name:		
Department:		
Registered Qualifications:		
PM&DC Registration No.		
Classification	<input type="checkbox"/> Faculty Contract	Effective Date of Contract _____
	<input type="checkbox"/> Faculty Regular	
Rank		
Job Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	

Signature of Applicant _____ Date: _____

Signature & Seal of Principle/Dean of Institution _____

(For office use only)

Received **Rs.2000/-**(Rupees two thousand only) vide receipt No. _____ dated _____

Faculty No. _____

Assistant

Superintendent

Assistant/Deputy Registrar



**Government of Pakistan
MEDICAL & DENTAL COUNCIL
G-10/4 MAUVE AREA
ISLAMABAD**

Proforma For Obtaining Information About the Foreign Postgraduate Qualification

Title of Qualification:-----

NAME OF DOCTOR WHO OBTAINED
THE ABOVE QUALIFICATION: -----

KINDLY MARK "X" IN THE RELEVANT BOX

- | | | | | |
|--|---------------------|--------------------------|---------------------------|--------------------------|
| 1. Whether the above Diploma / Degree is genuine and issued to the person whose photograph is affixed on the form/certificate (enclosed) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Whether the qualification conferred / awarded After proper evaluation / examination | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (a) If Yes, the system of examination Whether: | Internal Assessment | <input type="checkbox"/> | Comprehensive Examination | <input type="checkbox"/> |
| | | | Both | <input type="checkbox"/> |
| 3. Whether the above diploma / degree has been issued by the legally constituted authority examining body in the country of origin. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Duration of the Course. | _____ | | | |
| 5. Whether the holder of such qualification is qualified to hold the consultant / teaching appointments in that country. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Whether the qualification is the Specialists highest qualification in the field of _____ in that country. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Whether the above qualification has been registered By the Council / Licensing Body as a Specialist | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Whether the information supplied by the doctor in PMDC Form –VI is correct (A copy of the is attached) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

9. Any other information which may be considered necessary
for the recognition / determination of the status of the Degree / Diploma
(use additional sheet if necessary)

Signature of the Authorized Officer
authorized Officer
of the Pakistan Embassy
Medical /Dental College

Signature of the
of University/

Seal of the Pakistan Embassy
University or College

Seal of the

**PAKISTAN
MEDICAL & DENTAL COUNCIL**



APPENDIX-16

APPENDIX-I(A)

ASSESSMENT FORM FOR SHORT CASE

SUBJECT:	CANDIDATE ROLL#
CENTRE:	DATE:
CASE NO.	DIAGNOSIS OF THE CASE:
SYSTEM(S) COVERED IN DISCUSSION:	

INSTRUCTION TO XAMINERS:

- Please enter your award on the performance against each item according to the rating scale.
- Time allocated for all short cases is 40 minutes (Including both examination and discussion).

Each examiner to complete his/her own form without discussion with fellow-examiner.
All awards must be made in ink. Each examiner must mark all parts of the form.

	Excellent	Good	Adequate	Inadequate	Poor	Comments(comments must be made for all ratings of 'Excellent' and 'Poor')
Clinical Examination Skills (30 MARKS) Observes professional manners and performs proper & relevant clinical examination systematically and appropriately according to Instructions gives						
Discussion (70 marks) * Gives correct findings with logical interpretation and conclusion. (25 marks) * Justifies diagnosis/es (20 marks) * Suggests appropriate & relevant investigations and management(including recent advance) (25 marks)						

ADDITIONAL REMARKS(if any)

SIGNATURE _____ NAME OF EXAMINER _____

(This sheet must be deposited with the examination department through the Asst. Controller/Clinical Coordinator)

**PAKISTAN
MEDICAL & DENTAL COUNCIL**



APPENDIX-I(B)

ASSESSMENT FORM FOR Viva Voce

SUBJECT:	CANDIDATE ROLL#
CENTRE:	DATE:

INSTRUCTIONS TO EXAMINERS:

- Rating should be awarded on the total performance of the candidate in the respective areas.
- Each examiner should rate all items (Independently).
- Each examiner must complete his/her own form without discussion with fellow examiner.
- All rights must be made in ink.

	Excellent	Good	Adequate	Inadequate	Poor	Comments(comm ents must be made for all ratings of 'Excellent' and 'Poor'
Examiners one: <u>Time allocated 15 minutes</u>						
* Concept of surgery (15 marks)						
* Diagnostic problems (20 marks)						
* Knowledge of recent advances and controversies (15 marks)						
Examiners two: <u>Time allocated 15 minutes</u>						
* Critical care (25 marks)						
* Principles of Operative Surgery (15 marks)						
* Perioperative management (15 marks)						

ADDITIONAL REMARKS(if any) _____

SIGNATURE _____ NAME OF EXAMINER _____

(This sheet must be deposited with the examination department through the Asst. Controller/Clinical Coordinator)

**PAKISTAN
MEDICAL & DENTAL COUNCIL**



APPENDIX-I(C)

ASSESSMENT FORM FOR LONG CASE

SUBJECT:	CANDIDATE ROLL#
CENTRE:	DATE:
DIAGNOSIS OF THE CASE: SYSTEM(S) COVERED IN DISCUSSION:	

INSTRUCTION TO EXAMINERS:

- Please enter your award on the performance against each item according to the rating scale.
- Examiners should not interrupt candidates while taking his clinical examination of long case.

Each examiner to complete his/her own form without discussion with fellow-examiner.
All awards must be made in ink. Each examiner must mark all parts of the form.

	Excellent	Good	Adequate	Inadequate	Poor	Comments(comments must be made for all ratings of 'Excellent' and 'Poor')
Time allocated 30 minutes Interviewing & Clinical Examination Skill (20 marks)						
Introduces self to patient, obtaining informed consent, elicits correct relevant history.						
Uses correct clinical methods systematically to elicit Important clinical findings with special erupt assis on detailed examination of the relevant system.						
(30 minutes-15 minutes for each examiner) Case Presentation (40 marks)						
Examiner-1 Name MARKS						
* Presentation Skills (5)						
* Correctness of findings (10)						
* Logical interpretation of findings. (15)						
* Suggests & justifies relevant investigation(s). (10)						
Discussion (40 marks)						
Examiner-2 Name: MARKS						
* Differential diagnosis. (10)						
* Management plan (including rehabilitation) (15)						
* Prognosis. (10)						
* Relevant recent advances. (5)						

ADDITIONAL REMARKS(if any)

 SIGNATURE _____ NAME OF EXAMINER _____

(This sheet must be deposited with the examination department through the Asst. Controller/Clinical Coordinator)

P.G.S.R. FORM



Pakistan Medical & Dental Council

POSTGRADUATE STUDENT

REGISTRATION FORM

(PRINT IN CAPITAL LETTERS)

DATE OF APPLICATION: _____

Title of Intended Qualification _____

Specialty / Subspecialty _____

TRAINING INSTITUTE

DURATION OF TRAINING

NAME OF INSTITUTE/UNIVERSITY AWARDING QUALIFICATION _____

DATE OF JOINING TRAINING/PROGRAMME _____

DATE OF JOINING INSTITUTE _____

Personal Data

NAME _____

FATHER'S NAME _____

NATIONAL IDENTIFICATION CARD NO. _____

PM&DC Registration No. _____

Gender ☐ F ☐ M ☐

MAILING ADDRESS (Residential Only) _____

TEL OFF _____

TEL RES _____

MOBILE _____

FAX _____

E-MAIL _____

Fee RS.1000/- vide DD/PO No. _____

SIGNATURE OF STUDENT _____

FOR THE USE OF THE OFFICE OF THE PRINCIPAL/DEAN/HEAD OF TRAINING DEPT.

The above particulars of the applicant are certified to be correct and it is further certified that programme of _____ with postgraduate training at _____

_____ is approved by the PM&DC.

SEAL AND SIGNATURE OF PRINCIPAL/DEAN/HEAD OF TRAINING DEPT. _____

MAUVE AREA, G-10/4, ISLAMABAD.

UAN: 111-321-786 ; Phone: (092)(51) 9266004 ; Fax: (092)(51) 9266427 ; E-mail: pmcdcsec@isb.paknet.com.pk ; pmcdc@pmcdc.org.pk

Photocopy of this form on blue paper is acceptable



APPENDIX-18

APPENDIX-II

**NATIONAL EXAMINATION BOARD
FOR FOREIGN POSTGRADUATES
PAKISTAN MEDICAL & DENTAL COUNCIL**
Mauve Area Sector G-10/4, Islamabad.
Ph:9266004 Fax: 9266427
APPLICATION FORM

(FOR OFFICE USE ONLY)

APPLICATION NO _____ DATE _____
RECEIPT NO _____
AMOUNT _____
ROLL NO _____

SPACE FOR
RECENT ATTESTED
PHOTOGRAPHS
(To be pasted or
stapled)
Preferable coloured
(Polarized)

TO BE FILLED BY THE CANDIDATE

Before attempting to fill in this form please read Prospectus carefully. To be filled in **BLOCK LETTERS/**
TYPE WRITTEN:

PART-I

PERSONAL DATA

I have been declared eligible by the Pakistan Medical & Dental Council to take Registration examination in respect of my qualification for the purpose of registration as equivalent to FCPS/MCPS. My particulars are as under:-

Name _____

Father's Name _____

Date Of Birth _____ Nationality _____ Sex ☐ M ☐ F

National Identity Card No _____ Reg No. _____

Passport No _____ Date Of Issue _____

Country _____

Examination Fee Bank Draft No _____

Date _____ Name Of Bank _____ Amount _____

Postal Address _____

_____ Telephone No. _____

Permanent Address _____

_____ Telephone No. _____

PART-II

(QUALIFICATION)

TITLE OF QUALIFICATION & COUNTRY: _____

DATE OF QUALIFICATION: _____

NAME OF INSTITUTION: _____

Date: _____

_____ Signature of

Applicant

CHECKLIST OF DOCUMENTS TO BE ENCLOSED (DULY ATTESTED PHOTOCOPIES)

1. Postgraduation Certificate with translation in English.
2. Pakistan Medical & Dental Council (PMDC) permission for appearing in Registration Examination i.e. Eligibility Certificate.
3. Three recent passport size photographs, preferably coloured(Polorized) duly attested. At least one should be attested on front side.
4. Evidence of having paid examination fee.
5. National Identity Card or equivalent document like passport (first four pages).
6. Undertaking on a stamp paper of Rs.10 (specimen enclosed duly attested by the Oath Commissioner.
7. Valid Photo copy of registration certificate.
8. A bank draft Rs.15000/- in favour of PM&DC as examination fee.

INCOMPLETE APPLICATIONS WILL NOT PROCESSED

APPENDIX-III

(UNDER TAKING BY THE CANDIDATE) SPECIMEN

I, Dr _____

Son/Daughter of _____

Resident of _____

do hereby solemnly affirm and declare as under:

1. **That I have read the instructions contained in the brochure of the P.M.&D.C. Examination Board and will abide by the rules and regulations of the National Examination Board for Foreign Post-Graduates and the P.M.& D.C.**
2. That I am appearing in the Examination to be conducted by the National Examination Board for Foreign Postgraduate at my own risk and will not hold any officer of the National Examination Board for Foreign Medical Graduates or the P.M.&D.C. for any act done by them in good faith.
3. That I will abide by the result to be announced by the National Examination Board for Foreign Postgraduate and will not challenge in any court of law.
4. That whatever information I have given in the application form is correct to the best of my knowledge and nothing has been concealed.

Name _____

Signature _____

Dated _____



National Examination Board For Foreign Medical/Dental Graduates
PAKISTAN MEDICAL & DENTAL COUNCIL
 Mauve Area Sector G-10/4, Islamabad.

UAN: 111-321-786
 Tel No. 9266004
 Fax No. 9266427

No. _____

APPENDIX-IV

APPLICATION FORM (Medical)

(FOR OFFICE USE ONLY)

APPLICATION NO _____ DATE _____
 RECEIPT NO _____
 AMOUNT _____
 ROLL NO _____

PHOTO

TO BE FILLED BY THE CANDIDATE

Please read regulations carefully before filling in this form.
 USE BLOCK LETTERS

PART-I

If you have appeared in this examination before;

Date of Last Examination _____ Roll Number _____
 Examination Fee _____ Bank Draft No. _____ Date _____

PART-II

Name _____

Father's Name _____

Date Of Birth _____ Nationality _____ Gender

M

F

National Identity Card No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport No _____ Date of Issue _____

Country _____

Examination Fee Bank Draft No _____

Date _____ Name Of Bank _____ Amount _____

Postal Address _____

_____ Telephone No. _____

Permanent Address _____

Telephone No. _____

PART-III

Title of Qualification & Country: _____

Date of Qualification: _____

Name of Institution: _____

No. & Date of PM&DC Eligibility Certificate _____

I have been declared eligible by the PM&DC to appear in the registration examination in respect of my foreign qualification. I hereby undertake to abide by all the rules and regulations.

Date: _____

Signature of Applicant

CHECKLIST OF DOCUMENTS TO BE ENCLOSED
(DULY ATTESTED PHOTOCOPIES)

- ❑ **Eligibility Certificate.**
- ❑ Four recent passport size photographs, preferably coloured(Polorized) duly attested. At least one should be attested on front side.
- ❑ Evidence of having paid examination fee.
- ❑ National Identity Card or equivalent document like passport (first four pages).
- ❑ Declaration on a stamp paper of Rs.10/- duly attested by the Oath Commissioner.
- ❑ A bank draft Rs.10000/- in favour of PM&DC as examination fee.

INCOMPLETE APPLICATIONS WILL NOT PROCESSED



APPENDIX-20

APPENDIX-V

National Examination Board For Foreign Medical/Dental Graduates

PAKISTAN MEDICAL & DENTAL COUNCIL

Mauve Area Sector G-10/4, Islamabad.

UAN:111-321-786

Tel No. 9266004

Fax No. 9266427

No. _____

APPLICATION FORM (DENTAL)

(FOR OFFICE USE ONLY)

APPLICATION NO _____ DATE _____

RECEIPT NO _____

AMOUNT _____

ROLL NO _____

PHOTO

TO BE FILLED BY THE CANDIDATE

Please read regulations carefully before filling in this form.

USE BLOCK LETTERS

PART-I

If you have appeared in this examination before;

Date of Last Examination _____ Roll Number _____

Examination Fee _____ Bank Draft No. _____ Date _____

PART-II

Name _____

Father's Name _____

Date Of Birth _____ Nationality _____ Gender ☐ M ☐ F

National Identity Card No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport No _____ Date of Issue _____

Country _____

Examination Fee Bank Draft No _____

Date _____ Name Of Bank _____ Amount _____

Postal Address _____

_____ Telephone No. _____

Permanent Address _____

_____ Telephone No. _____

PART-III

Title of Qualification & Country: _____

Date of Qualification: _____

Name of Institution: _____

No. & Date of PM&DC Eligibility Certificate _____

I have been declared eligible by the PM&DC to appear in the registration examination in respect of my foreign qualification. I hereby undertake to abide by all the rules and regulations.

Date: _____

Signature of Applicant

CHECKLIST OF DOCUMENTS TO BE ENCLOSED **(DULY ATTESTED PHOTOCOPIES)**

- ☐ **Eligibility Certificate.**
- ☐ Four recent passport size photographs, preferably coloured(Polorized) duly attested. At least one should be attested on front side.
- ☐ Evidence of having paid examination fee.
- ☐ National Identity Card or equivalent document like passport (first four pages).
- ☐ Declaration on a stamp paper of Rs.10/- duly attested by the Oath Commissioner.
- ☐ A bank draft Rs.10000/- in favour of PM&DC as examination fee.

INCOMPLETE APPLICATIONS WILL NOT PROCESSED

APPENDIX-VI

(Affidavit on Rs.10/- Judicial Paper) SPECIMEN

I, Dr _____

Son/Daughter of _____

Resident of _____

do hereby solemnly affirm and declare as under:

1. **That I have read the instructions contained in the brochure of the P.M.&D.C. Examination Board and will abide by the rules and regulations of the National Examination Board for Foreign Medical Graduates and the P.M.& D.C.**
2. That I am appearing in the Examination to be conducted by the National Examination Board for Foreign Medical Graduates at my own risk and will not hold any officer of the National Examination Board for Foreign Medical Graduates or the P.M.&D.C. for any act done by them in good faith.
3. That I will abide by the result to be announced by the National Examination Board for Foreign Medical Graduates and will not challenge in any court of law.
4. That whatever information I have given in the application form is correct to the best of my knowledge and nothing has been concealed.
5. That I am aware that any wrong information may disqualify me from the process of registration with PM&DC.

Signature and Seal of the Court

DEPONENT

Death Verification Certificate

APPENDIX-21

It is certified that Dr. _____

S/O _____ has expired on _____

Name _____

N.I.C _____

Address _____

Phone _____

Relation to the deceased doctor _____



FACULTY MIGRATION FORM

APPENDIX-22

Faculty Regn.No. _____

PM&DC Registration No.		
Name:		
Title:		
Permanent Address:		
Email:	Phone:	Fax:
Postal Address:		
Email:	Phone:	Fax:
MIGRATION FROM:		
College/University Name:		
Department:		
Registered Qualifications:		
MIGRATION TO:		
College/University Name:		
Department:		
PM&DC Registration No.		
Registered Qualifications:	<input type="checkbox"/> Faculty Contract	Proposed Date of joining _____
	<input type="checkbox"/> Faculty Regular	
Rank		
Job Status	<input type="checkbox"/> Full Time	

Signature of Applicant _____ Date: _____

Signature & Seal of Principle/Dean of Institution _____

(For office use only)

Received Rs. 3000/- (Rupees three thousand only) vide receipt No. _____ dated _____

Faculty No. _____

Assistant

Superintendent

Assistant/Deputy Registrar

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.

APPENDIX-23



CERTIFICATE OF FULL MEDICAL REGISTRATION

PMDC-1 (Vide Pakistan Medical and Dental Practitioners Regulation: 2008' formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

Registration Number :
(Please refer to this number in
all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

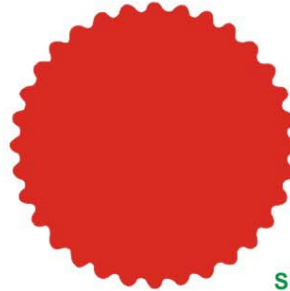
Remarks

White Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries in the
Register of Medical Practitioners (Part-A) in respect of the medical practitioner
specified therein. He / She is authorised **to practice** Basic Medicine, Surgery,
Obstetrics & Gynaecology and will be considered a specialist in the field of
which any additional postgraduate qualification is registered herein

IMPORTANT NOTICE:

1. The Registered Medical Practitioner should apply for revalidation of this certificate/retention of his/her name on the medical register three months before the date of retention expires.
2. Every Registered Medical 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 there to 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 your name in the register of medical 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
5. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-24

CERTIFICATE OF PROVISIONAL MEDICAL REGISTRATION (FOR ONE YEAR HOUSE JOB ONLY)

PMDC-2 (Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

Registration Number :

(Please refer to this number in
all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

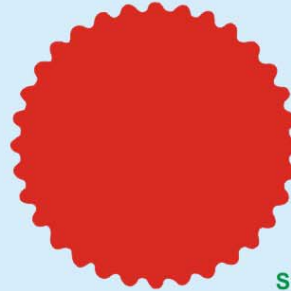
Remarks

Light Blue Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries
in the Register of Medical Practitioners (Part-B) in respect of the medical
practitioner specified therein. He / She is authorised **to practice** Basic
Medicine, Surgery, Obstetrics & Gynaecology, under supervision

IMPORTANT NOTICE:

1. The Registered Medical Practitioner should apply for revalidation of this certificate/retention of his/her name on the medical register three months before the date of retention expires.
2. Every Registered Medical 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 there to 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 your name provisionally in the register of medical practitioners only till the date of retention mentioned on this certificate. Further retention will only be possible on payment of prescribed fee.
4. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-25

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF DENTISTS (FOR ONE YEAR HOUSE JOB ONLY)

PMDC-3 (Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

Registration Number :

(Please refer to this number in
all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

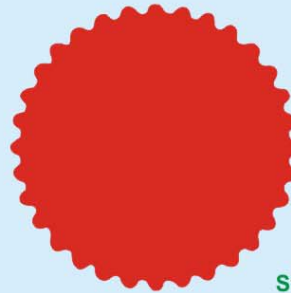
Remarks

Light Blue Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries
in the Register of Medical Practitioners (Part-B) in respect of the dental
practitioner specified therein. He / She is authorised **to practice** Basic
Dentistry, under supervision

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 there to 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 your name provisionally 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. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-26

CERTIFICATE OF PROVISIONAL MEDICAL REGISTRATION (FOR ONE YEAR)

PMDC-4 (Vide Pakistan Medical and Dental Practitioners Regulations, 2008 formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

Registration Number :

(Please refer to this number in
all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

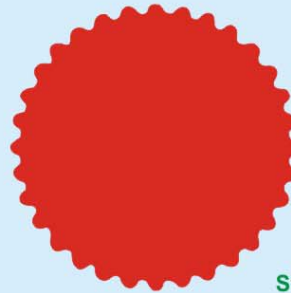
Remarks

Light Blue Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries
in the Register of Medical Practitioners (Part-B) in respect of the medical
practitioner specified therein. He / She is authorised to practice Basic
Medicine, Surgery, Obstetrics & Gynaecology.

IMPORTANT NOTICE:

1. The Registered Medical Practitioner should apply for revalidation of this certificate/retention of his/her name on the medical register three months before the date of retention expires.
2. Every Registered Medical 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 there to 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 your name provisionally in the register of medical practitioners only till the date of retention mentioned on this certificate. Further retention will only be possible on payment of prescribed fee.
4. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-27

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF DENTISTS (FOR ONE YEAR)

PMDC-5 (Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

Registration Number :

(Please refer to this number in
all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

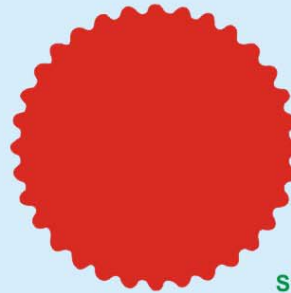
Remarks

Light Blue Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries
in the Register of Medical Practitioners (Part-B) in respect of the dental
practitioner specified therein. He / She is authorised **to practice** Basic
Dentistry, under supervision

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 there to 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 your name provisionally 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. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-28

CERTIFICATE OF REGISTRATION ON THE LIST OF MEDICAL PRACTITIONERS

PMDC-6 (Vide Pakistan Medical and Dental Practitioners Regulations 2002 formed under the section 33-1(g) of the Medical Council Ordinance, 1962)

(NOT VALID FOR HOUSE JOB)

Registration Number :

(Please refer to this number in all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

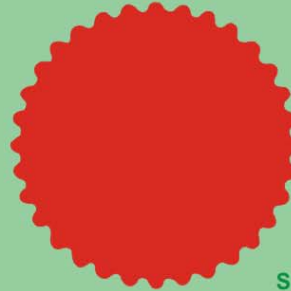
Remarks

Green Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
IT IS HEREBY CERTIFIED that the above is a true copy of the entries in the
Register of Medical Practitioners (Part-C List) in respect of the medical
practitioner specified therein. He / She is authorised to **practice Basic**
Medicine, Surgery, Obstetrics & Gynaecology.

IMPORTANT NOTICE:

1. The Registered Medical 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 Medical 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 there to 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 your name in the register of medical 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
5. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

Pakistan Medical & Dental Council

G-10/4, Mauve Area, Islamabad.



APPENDIX-29

CERTIFICATE OF REGISTRATION ON THE REGISTER OF DENTISTS

PMDC-7 [Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 33-1(g) of the Medical Council Ordinance, 1962]

Registration Number :

(Please refer to this number in all correspondence)

Name :

Father's Name :

Present Address :

Permanent Address :

Initial Registration Date :

Name retained upto:
(fee due date)

Qualification & Date

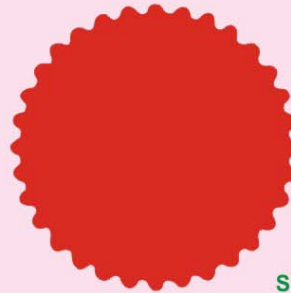
Remarks

Pink Color

Office of the Pakistan Medical & Dental Council, Islamabad. Dated the
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 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 your name 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
5. The issuing Authority reserves the right to recall, correct or cancel this certificate.



SECRETARY/REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, ISLAMABAD



Date of Certificate: _____

Good Standing Certificate Valid upto: _____

REG NO.....
REG. DATE.....
REG. VALIDITY:

CERTIFICATE OF GOOD STANDING

I hereby certify that the following is a true copy of the entry in the Register relating to the registered medical practitioner named below:-

Name	Address		Qualifications
	Mailing	Permanent	

It is further Certified that no disciplinary proceedings under the Pakistan Medical & Dental Council Ordinance, 1962, and the Code of Medical Ethics prescribed by this Council are in progress against the practitioner named above. He/She had never been found guilty of any gross professional negligence or misconduct by the Disciplinary Committee.

Important Notice: This certificate is valid upto a maximum of Six months from the date of issue.

For the use of _____



SECRETARY REGISTRAR



PM&DC Regn. No. _____

P.G.S.R. No. _____

Inst. Regn. No. _____

Name: _____

Training Institution _____

Date _____

Deputy Registrar / Registrar



Postgraduate Student Registration Certificate

PM&DC Regn. No. _____

Institution Regn. No. _____

Name _____ S/o, D/o _____

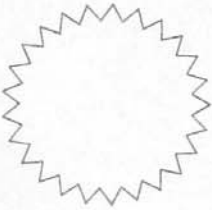
Has been registered with PM&DC vide P.G.S.R. No. _____

for _____

on _____ of _____ duration, with training at _____

_____ for qualification from _____

Deputy Registrar / Registrar





PAKISTAN MEDICAL & DENTAL COUNCIL

CERTIFICATE OF REGISTRATION AS A MEDICAL STUDENT

Regn.No. _____

Date the: _____

This is to certify that Mr/Miss _____

Son/daughter of _____

has been registered as a student by the Council for training of MBBS course at _____
the _____ University, on the basis of documents provided by the college.

ASSISTANT SECRETARY
Pakistan Medical & Dental Council
Islamabad

For official use of the medical college
Record of academic performance of the candidates from _____ to _____ (To be filled by respective college)

EXAMINATION Passed	1 st Professional 20 _____		2 nd Professional 20 _____		3 rd Professional 20 _____		Final Professional 20 _____		Remarks
	Part-I (1 st Year)	Part-II (2 nd Year)	(3 rd Year)	(4 th Year)	(5 th Year)	(6 th Year)	(7 th Year)	(8 th Year)	
Date of examination	Annual	Supple	Annual	Supple	Annual	Supple	Annual	Supple	
Result and marks									

*It is certified that the student has more than 60% marks in F.Sc (Pre-Medical)/equivalence.

Note: Two Photostat copies of this card should be attached with the application for registration as a medical practitioner after passing the final Professional MBBS examination. If there is any deficiency found on scrutiny at any stage this registration certificate shall be cancelled.

Name _____ Principal

Official Stamp



PAKISTAN MEDICAL & DENTAL COUNCIL

CERTIFICATE OF REGISTRATION AS A DENTAL STUDENT

Regn.No. _____

Date the: _____

This is to certify that Mr/Miss _____

Son/daughter of _____

has been registered as a student by the Council for training of BDS course at _____
the _____ University, on the basis of documents provided by the college.

DEPUTY REGISTRAR

Pakistan Medical & Dental Council
Islamabad

For official use of the dental college
Record of academic performance of the candidates from _____ to _____ (To be filled by respective college)

EXAMINATION Passed	1 st Professional 20 (1 st Year)		2 nd Professional 20 (2 nd Year)		3 rd Professional 20 (3 rd Year)		Final Professional 20 (4 th Year)		Remarks
	Annual	Supple	Annual	Supple	Annual	Supple	Annual	Supple	
Date of examination									
Result and marks									

*It is certified that the student has more than 60% marks in F.Sc (Pre-Medical)/equivalence.

Note: Two Photostat copies of this card should be attached with the application for registration as a dental practitioner after passing the final Professional B.D.S examination. If there is any deficiency found on scrutiny at any stage this registration certificate shall be cancelled.

Principal

Name _____

Official Stamp



Pakistan Medical & Dental Council
Faculty Registration Certificate

Registration No. _____

Faculty Regn No. _____

Name _____

Institution _____

Date: _____

Deputy Registrar/Registrar



Pakistan Medical & Dental Council
Faculty Registration Certificate

PM&DC Regn. No. _____

Faculty Regn. No. _____

Date _____

Name _____

S/O/D/O _____

Appointed at(Name of Institution) _____

Has been registered with PM&DC as faculty vide No. _____

Deputy Registrar/Registrar

