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.

c) “Registerable qualification” means any qualification included in the schedules of the ordinance.

dd) “Section” means a Section of the Ordinance

e) “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.

g) “Temporary registration” means registration of doctors of foreign nationality for a specific purpose and period.

“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:

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

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<tr>
<th></th>
<th>Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>33.</td>
<td>Initial registration certificate for doctors with Foreign Nationality having Pakistani MBBS/BDS qualification for institutional practice</td>
<td>Rs 1,000/year-</td>
</tr>
<tr>
<td>34.</td>
<td>Extension of Registration Certificate for one year.</td>
<td>Rs 1,000/year-</td>
</tr>
</tbody>
</table>
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 that 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 coy 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 postgraduate 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.pk](http://www.pmdc.org.pk) 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.pk 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](http://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 answer scripts 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 overall 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

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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 at least 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.
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Note: Modifications in these forms and certificates can be made with the approval of the President.
To,
The Registrar
Pakistan Medical & Dental Council
G-10/-4, Mauve Area, Islamabad.

(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

<table>
<thead>
<tr>
<th>Name of Qualification</th>
<th>Name of University</th>
<th>Name of Medical College</th>
<th>Date of admission in 1st Year MBBS Class</th>
<th>Age on the date of admission Y – M – D</th>
<th>Date of final Examination Held</th>
<th>Date of result Declared</th>
</tr>
</thead>
</table>


## ADDITIONAL INFORMATION REQUIRED

### MBBS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NAME OF MEDICAL COLLEGE</th>
<th>ATTENDED TO</th>
<th>NAME OF UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st YEAR MBBS</td>
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<tr>
<td>2nd YEAR MBBS</td>
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<tr>
<td>3rd YEAR MBBS</td>
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<td>4th YEAR MBBS</td>
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<tr>
<td>5th YEAR MBBS</td>
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</tbody>
</table>

*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:**
   - a. Provisional MBBS certificate/degree.
   - b. FSc (Pre-medical certificate/equivalence certificate from IBCC Islamabad.
   - d. Student registration certificate issued by PM&DC. Migration cases to provide all related documents
   - e. Three recent photographs (passport size) one attested on front side on the form and others on the back
   - f. 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 within 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
1. GENERAL
   (i) The applicant must fill in PM&DC form-1 in his own neat and legible handwriting or it may be typed. The applicant doctor must sign the Form himself. **Incomplete & illegible forms will not be considered.**

   (ii) Registration certificates will be dispatched to the applicant by post within one month from the date of receipt of application provided all required formalities are complete. In case there is any objection the process can be delayed. If case has been submitted by hand please quote receipt no in any inquiry about the case.

   (iii) The applicant doctor shall collect the Registration Certificate personally. In case applicant is sending a collector, he must have an authority letter attesting his signatures. Such persons should provide photocopy of their national identity card, for record of this office and must be in possession of the original bank receipt.

   (iv) 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/= per year
- Extension of provisional registration Rs. 1500/= per year
- Fee for verification of registration/goodstanding overseas Rs. 900/= each year
- Fee for verification of registration/goodstanding local Rs. 100/= each year

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

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

(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 _________________________________________________________________
   *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

<table>
<thead>
<tr>
<th>Name of Qualification</th>
<th>Name of University</th>
<th>Name of Dental College</th>
<th>Date of admission in 1st Year BDS Class</th>
<th>Age on the date of admission Y – M -- D</th>
<th>Date of final Examination Held</th>
<th>Date of result Declared</th>
</tr>
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<tbody>
<tr>
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</table>

9. ADDITIONAL INFORMATION REQUIRED

<table>
<thead>
<tr>
<th>BDS</th>
<th>YEAR</th>
<th>NAME OF MEDICAL COLLEGE</th>
<th>ATTENDED FORM TO</th>
<th>NAME OF UNIVERSITY</th>
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<td></td>
<td>1st YEAR BDS</td>
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<td></td>
<td>4th YEAR BDS</td>
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</tr>
</tbody>
</table>

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Documents to be attached:

**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
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/-  
  - outside 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 Nikah 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)  
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

Hand  Post  Courier

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

(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 with in Pakistan, Rs.4000/=  
DHL rates Rs.100/-  
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

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Field</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

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
PMDC FORM-1A (Medical)

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

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

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. 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) 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 Nikah 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

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)

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

(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 Rs.1500/= for extension on provisional registration for one year.
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.
Urgent Fee Rs.1000/= Rs.900/= Fee for verification of registration/goodstanding overseas Fee for verification of registration/goodstanding local Rs.100/= 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 Faisal Bank Limited counter in the PM&DC office Islamabad.

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
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 Nikah 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 ______________________________
The Registrar  
Pakistan Medical & Dental Council  
G-10-1/4, 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)

Fee deposited (in Rupees)

<table>
<thead>
<tr>
<th>Fee for retention of name in medical register</th>
<th>Late fee</th>
<th>Urgent fee</th>
<th>Courier charges</th>
<th>Change in certificate</th>
<th>Total fee</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

A bank draft/pay order of Rs.________ No.________ Dated________

Name of issuing branch__________________________________________

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

(For office use only)

Received Rs._____________ (Rupees__________________) vide receipt No.__________ dated________

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________________________ Dated________
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 Rs.1000=/
• 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 _____________. 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 & DENAL 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

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_____________________________________________________

APPENDIX-6

To be filled in Quadruplicate use

Photograph is to be here and then to be
7. BASIC MEDICAL /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).

<table>
<thead>
<tr>
<th>Name of Qualification</th>
<th>Name of University/ Examing body</th>
<th>Name of Institute</th>
<th>Date Examination held</th>
<th>Date result declared</th>
<th>Marks Obtained/ Total marks</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Matriculation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Intermediate (Pre-Medical) or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) B.Sc. or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(iv) Duration of Course/Training

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Institution</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Year</td>
<td></td>
<td></td>
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<tr>
<td>Third Year</td>
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<tr>
<td>Fourth Year</td>
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<tr>
<td>Fifth Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sixth Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SUBJECT</th>
<th>NUMBER OF PAPERS</th>
<th>Marks Obtained/Total Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Year</td>
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<td>Fifth Year</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sixth Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 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:

<table>
<thead>
<tr>
<th>Abroad</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

1. 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
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 PAPER 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

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Degree</th>
<th>Specialization</th>
<th>Institution</th>
<th>Date of Exam. held</th>
<th>Date of Result</th>
<th>Academic distinction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Name</td>
<td>Code</td>
<td>Code</td>
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<td>6.</td>
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</tr>
</tbody>
</table>

Code for office use only

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### ONLY FOR THOSE PAKISTANIS WHO ARE WORKING ABROAD

Do you want to settle in Pakistan?  

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 form 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 registrating/licensing 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/Licentcing Authority of the country form 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.
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 ________________________________

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Detail of experience</th>
<th>Name of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Designation</td>
<td>Duration (dates)</td>
</tr>
<tr>
<td>Sr. No</td>
<td>Detail of articles</td>
<td>Published in</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>

SUBJECT TO INSTRUCTIONS OVERLEAF

Signature__________________________
Address_______________________________
Name_______________________________
Date.____________________________
Designation___________________________
Phone:___________________________

*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) duly filled-in and signed by the doctor.

ii. Three passport size photograph duly attested by the Medical Superintendent of a District Headquarters level hospital or Principal of a Medical/Dental College or by the member of the Councilor by authorised officer of Pakistan Embassy abroad.

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

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 ___________ 

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

*Note:-  1. 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

<table>
<thead>
<tr>
<th>Good Standing Fee</th>
<th>Urgent fee</th>
<th>Courier charges</th>
<th>Total amount</th>
</tr>
</thead>
</table>

*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  Superintend  Assistant/Deputy Registrar  Registrar
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:

| Service                      | Fee (
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>For Good standing Certificate</td>
<td>Rs.3000/-</td>
</tr>
<tr>
<td>Urgent Fee</td>
<td>Rs.1000/-</td>
</tr>
<tr>
<td>Courier Fee (with in Pakistan)</td>
<td>Rs.100/-</td>
</tr>
<tr>
<td>(out side Pakistan)</td>
<td>DHL rates</td>
</tr>
<tr>
<td>Fee for verification of registration/goodstanding overseas</td>
<td>Rs.900/-</td>
</tr>
<tr>
<td>Fee for verification of registration/goodstanding local</td>
<td>Rs.100/-</td>
</tr>
</tbody>
</table>

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
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.

<table>
<thead>
<tr>
<th>Year of passing</th>
<th>Subject</th>
<th>Number of papers</th>
<th>MARKS Obtained/Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Year</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(vi) Details of examination passed year-wise:

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

(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 __________________

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

<table>
<thead>
<tr>
<th>Registration of additional qualification fee</th>
<th>Renewal fee/difference @$200/- per year+$700/- per year</th>
<th>Late fee</th>
<th>Urgent fee</th>
<th>Courier charges</th>
<th>Total amount</th>
</tr>
</thead>
</table>

Detail of fee deposited (in rupees).

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 _________________________________________________________________________
________________________________________________________________________________________

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

1. Received Rs.________ (Rupees ________________) vide receipt No.________ dated ________________

2. Postgraduate Qualification. ____________________________ registered provisionally/ permanently on ________

Assistant Superintendent Assistant /Deputy Registrar Secretary/ Registrar

56
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.
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.

<table>
<thead>
<tr>
<th>Name &amp; Father’s Name</th>
<th>Registration No. &amp; Date and valid upto</th>
<th>Qualification registered</th>
<th>Permanent Address if changed (in Block Letters)</th>
<th>Present Address (in Block Letters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Distt.</td>
<td>Distt.</td>
</tr>
</tbody>
</table>

**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
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 may best to trace out my registration certificate but he 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
<table>
<thead>
<tr>
<th>Title of Qualification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of College:</td>
<td></td>
</tr>
<tr>
<td>Admission Date:</td>
<td></td>
</tr>
<tr>
<td>Session:</td>
<td></td>
</tr>
<tr>
<td>Seat No/Admission No.</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL DATA**

<table>
<thead>
<tr>
<th>Name of Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Name:</td>
</tr>
<tr>
<td>N.I.C. No.</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Permanent Address:</td>
</tr>
<tr>
<td>Postal Address:</td>
</tr>
<tr>
<td>Marks F.Sc/ Percentage:</td>
</tr>
<tr>
<td>Contact details: Phone, Email etc</td>
</tr>
</tbody>
</table>

**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
Form C

PAKISTAN MEDICAL & DENTAL COUNCIL

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

<table>
<thead>
<tr>
<th>Name/with Father’s Name</th>
<th>Medical/Dental Student Regn No. of PM&amp;DC</th>
<th>F.Sc Pre-medical Marks/IBCC equivalence</th>
<th>Present Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Detail of Professional Study**

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of College</th>
<th>Period from</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3rd Year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4th Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>PM&amp;DC Registration No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Permanent Address:</td>
<td></td>
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<tr>
<td>Email:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td></td>
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<td>Fax:</td>
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<tr>
<td>Postal Address:</td>
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<td>Email:</td>
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<tr>
<td>Phone:</td>
<td></td>
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<tr>
<td>Fax:</td>
<td></td>
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<tr>
<td>College/University Name:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Registered Qualifications:</td>
<td></td>
</tr>
<tr>
<td>PM&amp;DC Registration No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Effective Date of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Contract</td>
<td></td>
</tr>
<tr>
<td>Faculty Regular</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rank</th>
<th>Job Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Time</td>
</tr>
<tr>
<td></td>
<td>Part-Time</td>
</tr>
</tbody>
</table>

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
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 ☐ No ☐

2. Whether the qualification conferred / awarded After proper evaluation / examination Yes ☐ No ☐
   (a) If Yes, the system of examination
   Whether: Internal Assessment ☐ Comprehensive Examination ☐ Both ☐

3. Whether the above diploma / degree has been issued by the legally constituted authority examining body in the country of origin. Yes ☐ No ☐

4. Duration of the Course. ______________________________

5. Whether the holder of such qualification is qualified to hold the consultant / teaching appointments in that country. Yes ☐ No ☐

6. Whether the qualification is the Specialists highest qualification in the field of_____________________ in that country. Yes ☐ No ☐

7. Whether the above qualification has been registered By the Council / Licensing Body as a Specialist Yes ☐ No ☐

8. Whether the information supplied by the doctor in PMDC Form –VI is correct (A copy of the is attached) Yes ☐ No ☐
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 of the Pakistan Embassy

Signature of the authorized Officer of University/

Signature of the authorized Officer of Medical /Dental College

Seal of the Pakistan Embassy

Seal of the University or College
# ASSESSMENT FORM FOR SHORT CASE

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>CANDIDATE ROLL#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRE:</td>
<td>DATE:</td>
</tr>
<tr>
<td>CASE NO.</td>
<td>DIAGNOSIS OF THE CASE:</td>
</tr>
</tbody>
</table>

**SYSTEM(S) COVERED IN 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.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>Poor</th>
</tr>
</thead>
</table>

**Clinical Examination Skills** *(30 MARKS)*

Observes professional manners and performs proper & relevant clinical examination systematically and appropriately according to Instructions given.

**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)

**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).
### 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.

### Examiners one:

**Time allocated 15 minutes**

* Concept of surgery (15 marks)
* Diagnostic problems (20 marks)
* Knowledge of recent advances and controversies (15 marks)

### Examiners two:

**Time allocated 15 minutes**

* 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)
<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>CANDIDATE ROLL#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

**DIAGNOSIS OF THE CASE:**
**SYSTEM(S) COVERED IN 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.

### Interviewing & Clinical Examination Skill (20 marks)

- Excellent
- Good
- Adequate
- Inadequate
- Poor

<table>
<thead>
<tr>
<th><strong>Time allocated 30 minutes</strong></th>
<th><strong>Interviewing &amp; Clinical Examination Skill</strong> (20 marks)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduces self to patient, obtaining informed consent, elicits correct relevant history. Uses correct clinical methods systematically to elicit important clinical findings with special emphasis on detailed examination of the relevant system.</td>
</tr>
</tbody>
</table>

(30 minutes-15 minutes for each examiner)

#### Case Presentation (40 marks)

<table>
<thead>
<tr>
<th>Examiner-1 Name</th>
<th>MARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Presentation Skills</td>
<td>(5)</td>
</tr>
<tr>
<td>* Correctness of findings</td>
<td>(10)</td>
</tr>
<tr>
<td>* Logical interpretation of findings.</td>
<td>(15)</td>
</tr>
<tr>
<td>* Suggests &amp; justifies relevant investigation(s).</td>
<td>(10)</td>
</tr>
</tbody>
</table>

#### Discussion (40 marks)

<table>
<thead>
<tr>
<th>Examiner-2 Name:</th>
<th>MARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Differential diagnosis.</td>
<td>(10)</td>
</tr>
<tr>
<td>* Management plan (including rehabilitation)</td>
<td>(15)</td>
</tr>
<tr>
<td>* Prognosis.</td>
<td>(10)</td>
</tr>
<tr>
<td>* Relevant recent advances.</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**ADDITIONAL REMARKS(if any)**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**SIGNATURE _________________________ NAME OF EXAMINER _____________________________**

(This sheet must be deposited with the examination department through the Asst. Controller/Clinical Coordinator)
Fee Rs. 1000/- vide DD/PO No________

SIGNATURE OF STUDENT

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.
APPLICATION FORM

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.____________________________________________________________

(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)
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(Polarized) 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
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 _________________________________
APPLICATION FORM (Medical)

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 ___________________ Date of Issue ______________________
Passport No ______________________________ Date of Issue ______________________
Country________________________________________________________________________
Examination Fee Bank Draft No ________________________________ Date ______________
Name Of Bank ____________________________ Amount___________________________
Postal Address __________________________________________________________________
______________________________________________________________________________
Telephone No.______________________________
Permanent Address ______________________________________________________________

TO BE FILLED BY THE CANDIDATE

Please read regulations carefully before filling in this form.
USE BLOCK LETTERS
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/- dully attested by the Oath Commissioner.

☐ A bank draft Rs.10000/- in favour of PM&DC as examination fee.

INCOMPLETE APPLICATIONS WILL NOT PROCESSED
# Application Form (Dental)

**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: ______________________

*Please read regulations carefully before filling in this form. Use block letters.*
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
(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

It is certified that Dr.__________________________________________________
S/O___________________________________________ has expired on _________________

Name________________________________________
N.I.C _______________________________________
Address _____________________________________
____________________________________________
Phone _______________________________________
Relation to the deceased doctor _________________
# FACULTY MIGRATION FORM

**Faculty Regn. No.:**

<table>
<thead>
<tr>
<th>PM&amp;DC Registration No.</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title:</td>
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<tr>
<td></td>
<td>Permanent Address:</td>
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<table>
<thead>
<tr>
<th>Email:</th>
<th>Phone:</th>
<th>Fax:</th>
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<tr>
<th>Postal Address:</th>
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<table>
<thead>
<tr>
<th>Email:</th>
<th>Phone:</th>
<th>Fax:</th>
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</table>

## MIGRATION FROM:

<table>
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<th>College/University Name:</th>
<th>Department:</th>
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</table>

<table>
<thead>
<tr>
<th>Registered Qualifications:</th>
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## MIGRATION TO:

<table>
<thead>
<tr>
<th>College/University Name:</th>
<th>Department:</th>
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</table>

<table>
<thead>
<tr>
<th>PM&amp;DC Registration No.</th>
<th>Registered Qualifications:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Faculty Contract</td>
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<tr>
<td></td>
<td>[ ] Faculty Regular</td>
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</tbody>
</table>

<table>
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<tr>
<th>Proposed Date of joining</th>
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<thead>
<tr>
<th>Rank</th>
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<thead>
<tr>
<th>Job Status</th>
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</thead>
<tbody>
<tr>
<td>[ ] Full Time</td>
</tr>
</tbody>
</table>

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 ____________
CERTIFICATE OF FULL MEDICAL REGISTRATION

PMDC-F (Visc Pakistan Medical and Dental Practitioners registration 2006) 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 : 

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 queries that may be sent to him/her by the Registrar in regard
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. PMDC 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

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

PMDC-Z (Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 21-(g) of the Medical Council Ordinance, 1962)

<table>
<thead>
<tr>
<th>Registration Number</th>
<th>:</th>
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<tbody>
<tr>
<td>(Please refer to this number in all correspondence)</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>:</td>
</tr>
<tr>
<td>Father’s Name</td>
<td>:</td>
</tr>
<tr>
<td>Present Address</td>
<td>:</td>
</tr>
<tr>
<td>Permanent Address</td>
<td>:</td>
</tr>
<tr>
<td>Initial Registration Date</td>
<td>:</td>
</tr>
<tr>
<td>Name retained upto: (fee due date)</td>
<td>:</td>
</tr>
<tr>
<td>Qualification &amp; Date</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

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/retenion 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. PMDC 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
CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF DENTISTS
(FOR ONE YEAR HOUSE JOB ONLY)
PMDG-3 ( Vide Pakistan Medical and Dental Practitioners Regulations 2008 formed under the section 31-1(g) of the Medical Council Ordinances, 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 revalidaton of this
certificate/intention of his/her name on the dental register three months
before the date of retention expires.
2. Every Registered Dental Practitioner should carefull 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. PMDC 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
CERTIFICATE OF Provisional Medical Registration
(For One Year)

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 keep in mind that he/
   she shall answer any notice or enquiries that may be sent to him/her by
   the Registrar regarding any changes in his/her correct address.
3. PMDC 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
| **Registration Number** | : |
| **(Please refer to this number in all correspondence)** | : |
| **Name** | : |
| **Father’s Name** | : |
| **Present Address** | : |
| **Permanent Address** | : |
| **Initial Registration Date** | : |
| **Name retained upto:** | Name retained upto: **(fee due date)** |
| **Qualification & Date** | : |

**Remarks**

---

**IMPORTANT NOTICE:**

1. The Registered Dental Practitioner should apply for revalidation of this certificate at the end of their registration three months before the date of retention expires.
2. Every Registered Dental Practitioner should ensure that the Registrar receive immediate notice of any change of his/her address and also to answer inquiries that may be sent to him/her by the Registrar in regard thereto in order that his/her correct address may be ascertained. Otherwise, the Practitioner is liable to have his/her name removed from the Register.
3. The dental Council shall maintain your name provisionally in the register of dental practitioners only till the date of retention mentioned on the 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.

---

**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.

**Light Blue Color**

---

**Secretary/Registrar**

---

83
CERTIFICATE OF REGISTRATION ON THE LIST OF MEDICAL PRACTITIONERS

(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/intention 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
to it 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. Acopy 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
<table>
<thead>
<tr>
<th><strong>Registration Number</strong></th>
<th>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please refer to this number in all correspondence)</td>
<td></td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Father’s Name</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Present Address</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Permanent Address</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Initial Registration Date</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Name retained upto:</strong></td>
<td>:</td>
</tr>
<tr>
<td><strong>Qualification &amp; Date</strong></td>
<td>(fee due date)</td>
</tr>
<tr>
<td><strong>Remarks</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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
Registre 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 at least three months before the date of retention expires.
2. Every Registered Dental Practitioner should ensure to send to the Registrar
   a written request for change in his/her name and address 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 to the validity of his/her dentistry. If a practitioner fails to inform the Registrar
   of any change in his/her address, the Registrar may have his/her name removed from the Register.
3. PMDC shall maintain your name in the Register of dental practitioners only at
   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.
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 up to a maximum of Six months from the date of issue.

For the use of ____________________________

SECRETARY REGISTRAR
<table>
<thead>
<tr>
<th>Name</th>
<th>Principal</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Official Stamp**

**Exam Details**

<table>
<thead>
<tr>
<th>Exam</th>
<th>Date</th>
<th>Registration No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Applicant Details**

- **Father's Name**: [Name]
- **Mother's Name**: [Name]
- **Nationality**: [Nationality]
- **Date of Birth**: [Date]
- **Sex**: [Sex]
- **Address**: [Address]
- **Qualification**: [Qualification]
- **Details of Previous Education**: [Details]

**Certificate of Registration**

Certicate of Registration as a Medical Student

**Pakistan Medical & Dental Council**

APPENDIX 32
<table>
<thead>
<tr>
<th>Name</th>
<th>Principal</th>
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**Official Stamp**

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**Examination**

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<th>Date of Examination</th>
<th>Result and Marks</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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**Pakistan Medical & Dental Council**

**DEPUTY REGISTRAR**

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**Certificate of Registration as a Dental Student**

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**APPENDIX-33**