

PM&DC FORM-1 (MEDICAL)
REQUEST FOR PROVISIONAL REGISTRATION ON THE REGISTER OF
MEDICAL PRACTITIONERS (Part-B) FOR FOUNDATION YEAR (INDUCTION PROGRAM
FOR PRACTICE/HOUSE JOB/INTERNSHIP)

TEL: 051-9106151-54 Fax No.054-9106159

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

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

PMDC Registration No

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(For office use only)

Please paste one
Passport Size
Photograph

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 _____ form _____ 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 so that i can start my structured foundation year (house job) training and complete is by qualifying an examination which is a prerequisite for full registration. My particulars are as under:-

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.C. No. _____ Gender-M/F _____ Date of Birth _____
Cell No. _____ E-mail(essential) _____
7. 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 also be deposited at the Bank booth in the PM&DC office Islamabad.

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

Name of Qualification	Name of Medical College	Name of University	Date of admission in 1 st Year MBBS Class	Date of final Examination Held	Date of result Declared
MBBS					

9. **ADDITIONAL INFORMATION REQUIRED (MBBS)**

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

10. (If the following documents are not attested and attached with this application it shall not be processed and shall be returned unactioned.)

Check List:

Yes/ No

(**Attestation**) Duly attested Photographs/photocopies of the following documents (with blue ink) by the Vice Chancellor/ Rector of the concerned University or Principal/Dean/authorized Professor of the respective college whose specimen signatures are available with PM&DC:-

- a. Provisional MBBS certificate/degree/professional examination certification.
- b. Transcript/ DMC issued by affiliated University.
- c. F.Sc Certificate (or Permanent Pre-medical certificate/equivalence certificate from IBCC Islamabad. (**Provisional F.Sc/IBCC Certificate shall not be accepted**)).
- d. Matric Certificate.
- e. Student registration certificate issued by PM&DC. In case of migration case provide all related documents.
- f. Three photographs (passport size) one attested on front side on the form and others on the back with white background and both ears visible.
- g. Photostat copy of CNIC (Passport for Foreigners.)
- h. Required fee _____

11. **Undertaking:**

I undertake to abide by the Code of Ethics prescribed by the PM&DC for registered Medical/ practitioner and will inform the Registrar, 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 and I liberate PM&DC for any liability for this action. I further undertake that if there has been an erroneous entry in the certificate and I am told by the PM&DC to send the certificate back to PM&DC I shall do so immediately and shall not take any benefit of the error. 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. I take full responsibility of authenticity of documents submitted along with this application.

Full Name of Doctor. _____ Signature _____ Dated _____

(FOR USE OF THE OFFICE OF THE PRINCIPAL OF RESPECTIVE COLLEGE 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 & date)

(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 foundation year/house job only.

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

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

TEL: 051-9106151-54, UAN: 111-321-786 Fax No.051-9106159

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

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

GENERAL

- i. If the required documents are not attested and attached with this application it shall not be processed and shall be returned unactioned.
- ii. The applicant must fill in PM&DC form-I in his own neat and legible handwriting or it may be typed. The applicant must sign the Form himself.
- iii. Incomplete & illegible forms will not be entertained.
- iv. The Principal shall convene respective separate meetings of the successful graduates as soon as the result of the annual and supplementary exam of the Final professional are announced and get the forms for provisional registration filled by the graduate in front of him and shall sign this filled form. It shall be ensured that all graduates write their email as well. The Principal; shall then send this filled form to PM&DC Head office at Islamabad. After the application has been filed and delivered at PM&DC headquarter, Islamabad a gap of ten days shall be given from the date of receipt of documents at the PM&DC Islamabad Office, after that the house job can commence, as by then PM&DC would have issued the provisional registration certificates. The PM&DC registration section shall write the date of provisional registration as the date on which the application form was signed by the Principal.

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.

- The original PM&DC provisional registration certificate.
- Three recent passport size photographs,
- Photocopy of house job (one year) certificates attested by the respective Medical Superintendent (six month Medicine & Allied & six months Surgery & Allied) qualifying the Structured house job examination conducted by a PM&DC approved entity
- Photocopy of MBBS degree attested by the respective Principal.
- 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.

FEE SCHEDULE

- Registration of name on the Medical register Part B (Provisional) of the basic medical qualification for one year
 - Within six months of graduation; **Rs. 500/-**
 - After a lapse of six months; **Rs. 1000/-**
 - After a lapse of one year **Rs. 1250/-**
- For each change in registration certificate
 - If certificate is required to be delivered by couriers
 - with in Pakistan **Rs.150/-**
 - out side Pakistan **Rs.1500/- (Subject to change in rates)**
 - Foreign nationals passing MBBS from Pakistani Universities **Rs. 1000/- for one year**
 - Extension of provisional registration **Rs. 1500/- each year**
 - Fee for verification / attestation of registration **Rs.1000/-**

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

Foreign Nationals & Pakistani Doctors applying from foreign countries can pay fee online to PM&DC Account directly vide IBAN # PK43 UNIL 0109 0002 0003 1378 United Bank Limited (UBL). The fee should be in **only Pakistani Rupees** and send the reference number of the fee deposited online to PM&DC with your documents.

3. In case of loss/misplacement of registration certificate please use PM&DC form VIII.
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.2000/= 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.20/-
FOR THE CHANGE OF NAME AFTER MARRIAGE**

I, Dr. _____ Daughter of _____ Present address _____
_____ Permanent address _____ 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 Nikaah 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