

***Application Form should be routed through a covering letter by the Principal.**

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

E-mail : pmdc@ptc.pk

Website www.pmdc.org.pk

Ph: 051-9266004, FAX: 9266427, UAN 111-321-786

INSTRUCTIONS

1. GENERAL

- (i) Please send your documents under covering letter of your Principal. Doctors applying for Registration should read these instructions carefully and attach necessary documents as specified in the instructions. PMDC form-1 must be filled in by the applicant in his own neat and legible handwriting OR typed. The Form must be signed by the doctor himself. **INCOMPLETE & INLEGIBLE FORM WILL BE RETURNED BACK** without consideration.
- (ii) All doctors are advised to send their applications for registration by registered post to the Secretary, Pakistan Medical & Dental Council, Islamabad and their registration certificates will be dispatched to them under registered cover within a month from the date of receipt. Those doctors coming personally and intend to get their registration certificate urgently are advised to remit an urgent fee of Rs. 200/- by bank draft in favor of PM & DC Islamabad and deposit their documents up to 10.00 A.M. A sum of Rs. 100/- will be charged if the certificate is required urgent by courier in addition to Rs. 200/- as urgent fee. They will be issued Registration Certificates on the same day before the close of the office.
- (iii) The Registration Certificate shall be collected personally by the doctor concerned himself/herself only. In case doctor is sending his messenger must give an authority letter in favour of the person concerned attesting his signature. The Registration Certificate will not be handed over to any other person in any case.
- (iv) After completion of house job a doctor may apply for permanent Registration by submitting an original PMDC registration certificate with I.D. Card, photocopy of house job(one year) certificates 3-photographs (duly Attested) see instruction # 3 without any fee.

2. REGISTRATION FEE

- (i) Rs 750/- for basic qualifications by bank draft in favour of Pakistan Medical & Dental Council Islamabad.
- (ii) A doctor who applies for registration after the laps of six months from the date of passing his final MBBS basic medical qualification examination will pay a registration fee of Rs. 1000/- and if applies after one year, the registration fee will be Rs. 1250/- by bank draft in favour of PM & DC Islamabad.
- (iii) Foreign nationals passing MBBS from Pakistani Universities will be charged registration fee of Rs. 2000/- by bank draft in favour of PM & DC Islamabad.
- (iv) Rs. 500/- by bank draft in favour of PM&DC Islamabad will be charged for any change in registration certificate.
- (v) 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. ATTESTATIONS

- (i) Three photographs (Two passport and one identity Card size) duly attested by the principal of respective Medical College One photograph should be attested on front side on the form and other two photograph on the backside. The ID card photo should be un-attested which is to be pasted.
- (ii) Photostat copy of provisional certificate/ degree duly attested by the Principal of the respective Medical College.
- (iii) Photostat copy of National I.D.Card with out attestation.
- (iv) Those doctors who were previously registered by any **dissolved provincial medical council in Pakistan** should surrender their original Registration Certificate.
- (v) Licentiate doctors applying for registration of MBBS degree after doing the condensed MBBS Course should surrender their LSMF diploma and Registration Certificate.

P.T.O

4. **Change of Name (after marriage or otherwise)**

(a) **For Ladies after marriage.**

- (i) Photostat copy of NIKKAH NAMA duly attested by the person specified at S.No.3.
- (ii) In case NIKKAH NAMA is not available, an undertaking on stamp paper of Rs. 10/- counter signed by the 1st class magistrate (Specimen is given below)
- (iii) Photostat copy of National Identity Card OR Government notification, if Government servant.

(b) **For Gents**

- (i) Documentary proof about the change of name.
- (ii) Cutting of one leading news -paper.
- (iii) An undertaking on stamp paper of Rs. 10/- giving the reason for the change of name with the date of such change.
- (iv) Photostat copy of National Identity Card of Changed Name.
- (v) Notification of the Government if the applicant is a Government Servant.

**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 Miss, before my marriage. Now I am
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.

Deponent

PAKISTAN MEDICAL & DENTAL COUNCIL

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Passport size
Photograph is to
be pasted here
and then to be
attested

PMDC FORM -I APPLICATION FOR REGISTRATION ON THE REGISTER OF

MEDICAL PRACTITIONERS

To

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

Dear Sir,

I request that my name, address and qualification, as stated below, may be registered on the register of Medical Practitioner under the Pakistan Medical & Dental Council, Ordinance, 1962, and a certificate of registration be issued:-

Name in full (in block letters) _____

Father's Name (in block letters) _____

Present Address on which certificate is required to be sent (in block letters) _____

_____ District _____

Permanent Address (in block letters) _____

_____ District _____

Nationality _____ Province of domicile _____ Phone _____

Bank Draft of Rs. _____ No. _____ Dated _____

Name of issuing branch _____

(Name of Doctor must be written on the back side of Bank Draft)

N.I.D. Card No. _____ Sex-M/F Blood Group _____ Date of Birth _____

Specimen Signature (As used on medical certificates / prescription) _____

Detail of qualification requested to be registered

Name of Qualification	Name of University Licensing Body	Name of Medical College	Date Examination Held	Date result declared
Basic i.e. M.B.B.S. or equivalent				

ADDITIONAL INFORMATION REQUIRED

YEAR	NAME OF MEDICAL COLLEGE	DATE 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			

1. 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 Registered Medical Practitioner by the Council.
2. 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, nothing has been concealed or suppressed by me in this behalf.
3. I solemnly declare that the above information is correct and if found false I may be liable for necessary legal/disciplinary action by PM & DC.

Signature _____

Full Name Dr. _____

Date _____

(FOR OFFICE USE ONLY)

Receipt No _____ dated _____ for Rs. _____ Rupees _____

ASSISTANT

Registration is valid upto _____ Registered vide No . _____ dated _____

Superintendent
Registration section

Assistant Registrar

Secretary/Registrar

**PAKISTAN MEDICAL & DENTAL COUNCIL
ISLAMABAD**

OATH FOR MEDICAL GRADUATES

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 that is their due.
 - * I will practice my profession with conscience dignity and fear of God.
 - * The health of my patient will be my first consideration.
 - * I will respect the secrets, which are confided in me.
 - * I will maintain by all 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 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 _____

PM&DC Regn.No. _____

(To be filled in by the office)