

PM&DC-FORM-2

**RENEWAL OF NAME ON THE REGISTER OF
MEDICAL/DENTAL PRACTITIONERS**

Phone No. UAN 111-321-786 Fax No.051-9266427

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

PMDC Registration No

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Please paste
one
Photograph

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

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

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

Fee deposited (in Rupees)

Renewal fee	Late fee	Urgent fee	Courier charges	Change in certificate	Total fee

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

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

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

(Fill in with block letters)

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

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

NAME _____ SIGNATURE _____ Dated _____

(For office use only)

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

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

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PM&DC-FORM-2

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 11:30 a.m. If courier service is required, fee may be paid accordingly.

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.

2-RENEWAL FEE SCHEDULE:

- | | |
|--|-------------------|
| i. BASIC MEDICAL/DENTAL Qualification MBBS/BDS. For five years @ 300/- per annum. | Rs. 1500/- |
| ii. With additional postgraduate qualifications with basic for five years @ 500/- per annum. | Rs. 2500/- |
| iii. Renewal Fee for Foreign Nationals | Rs. 2000/- |
| iv. Late Fee (Will be charged if renewed after the expiry of the three months grace period after the expiry date of Registration Certificate). | Rs. 100/- |
| v. For any change in registration certificate | Rs 500/ |

URGENT FEE	(for processing at priority / same day delivery)	Rs 200/=
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 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 500/= 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 I was registered with the Pakistan Medical & Dental Council as Miss, before my marriage. I am married to _____ and I have adopted my married name as Dr. _____.(documentary proof attached ie Nikah Nama/Govt notification) Therefore, I may be issued registration certificate in my married name as given above.

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

Signature and Seal of the court

Deponent