

APPLICATION FOR FACULTY REGISTRATION/ RENEWAL

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

1x1 Photograph Passport Size Attested on Front be pasted here
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Sir,

I may please be registered as a Faculty under Pakistan Registration of Medical & Dental Practitioners Regulations 2008 – Part XII. My particulars are as under:

Name		
Date of Birth		
Gender	Male :	Female:
PM&DC Reg. No.		
Qualifications registered with PM&DC:		
PM&DC Faculty Registration Number (If already held)		
Title/ Designation (Applied for)		
Department/ Specialty:		
Medical/ Dental Institution (where currently employed):		
Mailing Address:		
Phone/Fax No.		
Email:		

I am attaching following documents in support of my application:

Yes / No

- | | | |
|---|--------------------------|--------------------------|
| 1. Passport size colored photographs (Two) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Copy of CNIC | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Copy of permanent PM&DC Registration Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Copy of Employment/appointment letter/order/notification | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Copy of NOC from the previous employer (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Copy of PM&DC experience certificate (showing eligibility for the Title applied) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Original PM&DC faculty registration Certificate (If already issued) | <input type="checkbox"/> | <input type="checkbox"/> |

UNDERTAKING

I fully understand that I am being registered as Faculty, under the Part XII of the Pakistan Registration of Medical & Dental Practitioners Regulation 2008, which I have read and fully understood and shall comply fully with these regulations. I also undertake that whatever information and documents are attached with this application are true. I have fully understood that any violation of these rules shall make me liable for action and may have penal consequences.

Yours Truly,

Name and Signature of the Applicant

ENDORSEMENT:

I fully endorse the contents of this application:

Signature and Seal of Principal / Dean/Head of Institution: _____

INSTRUCTIONS FOR APPLICANT:

1. Please ensure that your application is complete in all respects and all relevant documents as stated above have been attached.
2. Please ensure that all documents have been attested by the Principal/ Dean/ Head of Institution clearly showing his name and designation with official stamp.
3. Applications of only full-time Faculty will be entertained for registration/ renewal. Please note that Faculty employed on part-time/ adjunct/ honorary basis etc. shall not be accepted for registration.
4. **Incomplete applications shall not be accepted and will be returned in original without processing.**

(For Office Use Only)

Faculty No. _____ Date of Registration _____

Assistant

Superintendent

Assistant/ Deputy Registrar

Official Stamp