

PM &DC- FORM-II

APPENDIX-5

**REQUEST FOR RETENTION OF NAME ON THE REGISTER OF
MEDICAL/DENTAL PRACTITIONERS**



TEL: 051-9106151-54, UAN: 111-321-786, Fax No.051-9106159
Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

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

PMDC Registration No

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Please paste
one
Passport Size
Photograph

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

Check List:

1. Original PM&DC Registration Certificate for replacement.
2. Only if not submitted earlier, a copy of MBBS/BDS degree/dully attested. (For attestation see overleaf instructions)
3. Three recent photographs with white background and both ears visible duly attested.
4. Photocopy of C.N.I.C
5. Required fee (see details overleaf.)
6. For foreign nationals purpose letter required from the concerned institution

Yes/ No

* 7.

Fee deposited (in Rupees)

Fee for retention of name in medical/dental register	Late fee	Urgent fee	Courier charges	any 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 Bank counter in the PM&DC office Islamabad.

(Fill in with block letters)

Name with Father's Name	Date of Birth	Mention qualifications already registered with College/University name	Permanent Address	Present Mailing Address

* 7. Attested copy of Training letter or Experience certificate as a proof of training institute in case of already registered FCPS/MCPS qualification.

Undertaking:

I undertake to abide by the Code of Ethics for practice prescribed by the Pakistan Medical and Dental Council for registered Medical/Dental practitioner and will inform the Registrar, PM&DC of any change of address with in thirty days. If considered necessary, PM&DC may disclose any information when asked for or obtain any information from any of my educational institutions and I liberate PM&DC and the institution for any liability for this action. I further undertake that if an erroneous entry is found in the certificate and I am told by the PM&DC to send the certificate back for correction/cancellation, 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 above, I shall be liable for necessary action by the Council which may lead to cancellation of my registration with PM&DC. I take full responsibility of authenticity of documents submitted along with this application.

Name _____ Signature _____

Date _____ Cell / Phone _____

E-mail(Essential) _____ CNIC No. _____

(For office use only)

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

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

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

I-GENERAL

- i. **Attestation:** Copy of MBBS/BDS degree, Postgraduate Degree/Diploma duly attested by the Principal/Vice Principal /Dean/Professor/Associate/Assistant Professor of Medical/Dental College of Pakistan recognized by PM&DC. Medical Superintendent/Commandant of recognized teaching hospital, Commanding Officer (Army Medical Corps), EDOH/DHO or authorized officer of Pakistan Embassy abroad. (Mandatory requirement if not submitted earlier. (Stamp of the attester must show his/her name, designation and present working place).
- ii. If the required documents are not properly attested and attached with this application it shall not be entertained and shall be returned unactioned.
- iii. Doctors coming personally and intending to get their Registration Certificate on Urgent basis are advised to deposit their documents before 10:00 a.m. if courier service is required, fee may be paid accordingly
- iv. The certificate can be mailed by PM&DC or the applicant doctor can collect the Registration Certificate personally or through an authorized person having an authority letter by applicant his identity and must be in possession of the original bank receipt and copy of his/her CNIC.
- v. For any additional qualification not already registered use PM&DC Form vi or vii.
- vi. For foreign nationals purpose letter required from the concerned institution

2- FEE SCHEDULE FOR RETENTION

i. Basic Medical /Dental Qualification MBBS/BDS.	Rs. 500/- per annum
ii. Basic Medical /Dental Qualification MBBS/BDS with additional postgraduate qualifications	Rs. 700/- per annum
iii. Retention Fee for Foreign Nationals (for one year)	Rs. 1000/-
iv. Late Fee (Will be charged if renewed after a lapse of the six months grace period after the expiry date of Registration Certificate). Plus Rs. 500/-per year for the continuing years.	Rs. 1000/-
v. For any change in registration certificate	Rs. 2000/-
vi. For extension of provisional registration.	Rs. 1500/-
vii. URGENT FEE (for processing on priority within three working days)	Rs. 1000/-
viii. COURIER FEE (with in Pakistan)	Rs. 150/-
(out side Pakistan)	Rs. 1500/- (subject to change in rates)
ix. Fee for verification / attestation of registration	Rs. 1000/-
x. Late fee	Rs. 1000/-

Foreign Nationals and Pakistani doctors applying from foreign countries can pay equivalent amount in foreign exchange through Bank Draft/Cahier's Cheque of a recognized bank payable in Pakistan in favour of " PAKISTAN MEDICAL & DENTAL COUNCIL" (without mentioning account number). For further details to submit fee while being abroad kindly visit our website.

3- IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION VALID CERTIFICATE Please use PM&DC form viii (for expired certificate only bank draft Rs. 2000/- as duplicate fee & an affidavit on Rs. 20/- stamp paper.)(Speciman seven below)

4- If change of name after marriage is required, please send attested photocopy of Nikaah Nama OR Affidavit (specimen given below) along with a fee of Rs.2000/-.

5- Any false information given herein shall make the applicant liable for cancellation of PMDC registration

SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.20/- FOR FOR LOSS OF REGISTRATION CERTIFICATE.

I Dr. _____ Son/D/of _____ Present Address _____ Permanent Address _____

declare ib Oath as under.

- 1) That I was registered by the Pakistan Medical & Dental Council at Registration No. _____ dated the _____
- 2) That have I tride may best to trace out my registration certificate but the same could not be traced up till now.
- 3) The certificate will be returned to Registrar, Pakistan Medical & Dental Council Islamabad, If at any time future and will not be misused with my concurrence.
- 4) The above statement is correct to the best of my knowledge and nothing has concealed or suppressed by me in this behalf.

Signature and Seal of the court

Deponent

SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.20/- FOR THE CHANGE NAME AFTER MARRIAGE AFFIDAVIT

I Dr. _____ D/O 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 Dr. _____ Now I am married to _____ and I have adopted my married bane 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