

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION PROFORMA

Form-J

For recognition of Medical/Dental Journal by PM&DC

| | | | | | | |
|---|---------------|---|----------------------|----------------------------------|-------------------|-----------|
| 1. Name of the journal | | | | | | |
| 2. Nature | | (i). Specialty Journal | | (ii) Composite | | |
| 3. present recognition status by | | PM&DC | International Bodies | Others | | |
| 4. Date of declaration certificate (copy to be attached) | | | | | | |
| 5. Date of first publication | | | 6. Frequency | | | |
| A. Monthly | B. Bi-monthly | C. Quarterly | D. Bi-annual | E. Others | | |
| 7. last issue | | vol. no. | Issue no. | Month Year | | |
| 8. Ownership of journal | | 1. Professional organization/ association/society | | 2. Institution | | |
| | | | | 3. Others | | |
| 9. Focal person i.e. Chief Editor/Editor | | | | | | |
| a. Name : _____ | | | | | | |
| b. Qualifications and Literary Contribution | | | | | | |
| 10. Name and details of the publishers: | | | | | | |
| 11. Circulation (Total Number) _____ | | a) Printed | | b) Distributed | | |
| | | c) Subscribed | | d) Complimentary | | |
| 12. Subscription cost, if any | | | | | | |
| 13. whether any payment received for the publication of articles (if yes, how much and how calculated) | | | | | | |
| 14. Review system adopted | | (i) Reviewer | (ii) Peer Reviewed | (iii) Multi Reviewer | | |
| | | | | (iv) Payment to Reviewers Yes/No | | |
| 15. Is the tracking record of each article from receipt to print is maintained? (to be submitted on demand) | | | | Yes | No | |
| 16. Secretariat establishment (Mention no. against each) | | A. Editorial staff* | | Honorary | Full Time | Part Time |
| | | B. Office staff* | | Honorary | Full Time | Part Time |
| 17. No. of articles in a year | | Received. | Printed (Per volume) | Rejected | Being processed | |
| 18. Format of Journal (Mention no. of articles against each category) | | A. Editorial | | Original Article | Case Report | |
| | | Review Article | | Short Communication | Medical Education | |
| | | Letter to the Editor | | Others | | |

Seal

Name & Signature
Editor
* Please attach detail