

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