APPENDIX-7

PM&DC–FORM-VII

REQUEST FOR FIRST TIME REGISTRATION OF REGISTRABLE LOCAL POSTGRADUATE MEDICAL/DENTAL QUALIFICATION

TEL: 051-9106151-54 Fax No.051-9106159

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

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

PMDC Registration No

					—	

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

Please paste one Photograph and then get it attested by the person specified below as in 2

(Please read and understand the instructions before filling this form)

Dear Sir,

It is requested that my Postgraduate Qualification may please be registered. I am enclosing the following documents:-

1. Original PM&DC Registration Certificate. (for replacement with new one)
2. PM&DC Postgraduate Student Registration number _____(where applicable).
3. Copies of Postgraduate Degree/Diploma and a copy of Training Letter from concerned institute duly attested by only the principal / professors/of Medical/ Dental College.
4. Three photographs duly attested (as S.No.3) with white background and both ears are visible.
5. 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.

Detail of fee deposited (in rupees).

Registration of additional qualification fee	Renewal fee /difference @ Rs.200/- per year+Rs.700/- per year	Late fee	Urgent fee	Courier charges	Total amount

Detail of qualification required TO BE registered

Name of qualification	Name of Training Institution/College with date of joining	Name of University/ degree awarding institute	Year of passing exam	Duration of course

Detail of all local and foreign postgraduate qualifications ALREADY registered

Name of qualification	Name of Institution/College	Name of University	Year of passing exam	Duration of course

Undertaking:

I undertake to abide by the Code of Ethics prescribed by the PM&DC for registered Medical/dental practitioner and will inform the Registrar, Pakistan Medical and Dental Council of any change of address of residence or practice with in thirty days. I have never been registered with PM&DC in the past. If considered necessary, PM&DC may disclose any information when asked for or obtain any information from any of my educational institution and I liberate PM&DC and the institution for any liability for this action. I further undertake that if there has been an erroneous entry in the certificate and I am told by the PM&DC to send the certificate back to PM&DC 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 PM&DC rules. I am liable for necessary action by the Council which may lead to cancellation of registration and license to practice. I take full responsibility of authenticity of documents submitted along with this application.

Name _____ Signature _____

Tel: _____ Email: _____ Date _____

Present Mailing Address _____

_____

Permanent Address _____

_____

(FOR OFFICE USE ONLY)

1. Received Rs. _____(Rupees _____) vide receipt No. _____ dated _____
2. Postgraduate Qualification _____ registered provisionally/ permanently on _____

Assistant Superintendent Assistant /Deputy Registrar Registrar

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INSTRUCTIONS

1. GENERAL INSTRUCTION:

i. All doctors are requested to send their applications for recognition of additional qualification by registered post to the Registrar PM&DC Islamabad. Registration Certificate will be dispatched by registered post or by Courier service if paid for.

ii. Applicant's PM&DC Registration must be valid to process registration of the additional post graduation qualification. If not valid kindly get it renewed by using PM&DC Form-II

iii. Letter of election/degree of MCSPS/ FCSPS `from college of physicians & Surgeons of Pakistan is required. Provisional certificate or congratulation letter shall be not considered.

iv. Only the doctor concerned shall collect the registration Certificate personally. In case any doctor is sending someone else, he must give written authority letter in favour of the person concerned, attesting his specimen signature. Such persons should bring the photocopy of his National identity Card for record of this office.

v. In Case of loss/misplacement of registration certificate, please use PM&DC Form-VIII

2. FEE STRUCTURE:

i. All fees are to be paid through bank draft/pay order in favor of PM&DC, G-10/4 Islamabad, Cash can be deposited at the Bank counter in the PM&DC office Islamabad.

ii. As all documents are verified by the PM&DC so the request for registration of postgraduate qualification shall not be entertained on urgent basis.

iii. Fee of Rs.200/- per year will be charged from the date of qualification.

iv. Courier charges Rs 150/- within Pakistan [illegible] will apply

v. Urgent fee Rs.1000/- for same day delivery.

Registration processing fee for each additional local post graduate qualification		**Rs.1000/=**
Annual fee (from date of award of qualification) in addition to basic qualification fee		**Rs.200/=**
Annual fee basic with additional qualification		**Rs.700/-**
Courier Fee	(with in Pakistan)	**Rs.100=**
	(out side Pakistan) (Subject to change in rules)	Rs. 1500/-

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