

10. (If the following documents are not attested and attached with this application it shall not be entertained and shall be returned unactioned.)

Check List:

(Attestation)

Duly attested Photographs/photocopies of the following documents (with blue ink) by the Vice Chancellor/ Rector of the concerned University or Principal/Dean/authorized Professor of the respective college whose specimen signatures are available with PM&DC:-

- a. Provisional BDS certificate/degree/professional examination certification.
- b. Transcript/ DMC issued by affiliated University.
- c. F.Sc Certificate or Permanent Pre-medical certificate/equivalence certificate from IBCC Islamabad. **(Provisional F.Sc/IBCC Certificate shall not be accepted).**
- d. Matric Certificate.
- e. Student registration certificate issued by PM&DC. In case of migration, case provide all related documents.
- f. Three photographs (passport size) one attested on front side on the form and others on the back with white background and both ears visible.
- g. Photostat copy of C.N.I.C (Passport for Foreigners.)
- h. Required fee _____

	Yes/ No

11. Undertaking:

I undertake to abide by the Code of Ethics of practice prescribed by the PM&DC for registered dental practitioner and will inform the Registrar, Pakistan Medical and Dental Council of any change of address of residence or practice within 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 and I liberate PM&DC 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 leading to cancellation of registration. I take full responsibility of authenticity of documents submitted along with this application.

Full Name Dr. _____ Signature _____ Date _____

(FOR USE OF THE OFFICE OF THE PRINCIPAL OF RESPECTIVE COLLEGE ONLY)

Dr. _____ has passed final BDS exam held on _____ from _____

His/her application is verified and recommended for provisional registration as Dental Practitioner for house job. The required documents duly attested by the undersigned are enclosed.

Principal

(Signature, Stamp & date)

(FOR PM&DC OFFICE USE ONLY)

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

Dr. _____ is provisionally registered with PM&DC as Dental practitioner on this day _____ for a period of one year for foundation year/house job only.

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PM&DC FORM-I (DENTAL)
PAKISTAN MEDICAL & DENTAL COUNCIL
MAUVE AREA G-10/4 ISLAMABAD.

TEL: 051-9106151-54, UAN 111-321-786, 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

(Please read these important INSTRUCTIONS carefully and visit our web site (www.pmdc.org.pk)

GENERAL

- i. If the required documents are not attested and attached with this application, it shall not be processed and shall be returned unactioned.
- ii. The applicant must fill in PM&DC form-I in his own neat and legible handwriting or it may be typed. The applicant must sign the Form himself.
- iii. Incomplete & illegible Forms will not be considered.
- iv. The Principal shall convene respective separate meetings of the successful graduates as soon as the result of the annual and supplementary exam of the Final professional are announced and get the forms for provisional registration filled by the graduate in front of him and shall sign this filled form. It shall be ensured that all graduates write their email as well. The Principal, shall then send this filled form to PM&DC Head office at Islamabad. After the application have been filed and delivered at PM&DC headquarter, Islamabad a gap of ten days shall be given from the date of receipt of documents at the PM&DC Islamabad Office, after that the house job can commence, as by then PM&DC would have issued the provisional registration certificates. The PM&DC registration section shall write the date of provisional registration as the date on which the application form was signed by the Principal.

CONVERSION OF PROVISIONAL REGISTRATION INTO FULL REGISTRATION

On completion of one-year PM&DC prescribed house job from a PMDC approved hospital a doctor may apply for full Registration by submitting the following mandatory documents.

- The original PM&DC provisional registration certificate,
- Three recent passport size photographs,
- Photocopy of house job (one year) certificates attested by the respective MS (six month Medicine & Allied & six months Surgery & Allied) qualifying the structured house job examination conducted by a PM&DC approved entity
- Photocopy of BDS degree attested by the respective Principal.
- After five years the name of the doctor will only be retained on the dental register on payment of prescribed fee for retention of name.

FEE SCHEDULE

- Registration of name on the Dental register Part B (Provisional) of the basic dental qualification for one year
 - Within six months of graduation; Rs. 500/-
 - After a lapse of six months; Rs. 1000/-
 - After a lapse of one year Rs. 1250/-
- For each change in registration certificate Rs. 2000/-
- If certificate is required to be delivered by couriers
 - with in Pakistan Rs. 1500/- (Subject to change in rates)
 - out side Pakistan Rs.150/-
- Foreign nationals passing BDS from Pakistani Universities Rs. 1000/- for one year
- Extension of provisional registration Rs. 1500/- each year
- Fee for verification / attestation of registration Rs.1000/-

Cash can be deposited at the Bank counter in the PM&DC office Islamabad.

Foreign Nationals & Pakistani Doctors applying from foreign countries can pay fee online to PM&DC Account directly vide IBAN # PK43 UNIL 0109 0002 0003 1378 United Bank Limited (UBL). The fee should be in **only Pakistani Rupees** and send the reference number of the fee deposited online to PM&DC with your documents.

3. In case of loss/misplacement of registration certificate please use PM&DC Form VIII.
4. In case change of name after marriage is required, please send attested photocopy of Nikaah Nama OR Affidavit (specimen is given below) along with a fee of Rs.2000/- to amend the certificate
5. Any false information given herein shall make the applicant liable for cancellation of PM&DC registration

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

I, Dr. _____ Daughter 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 (Name) _____ Now I am married to _____ and I have adopted my married name as Dr. _____ (Documentary proof attached i.e Nikaah 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