PM&DC–FORM-IV

REQUEST FOR RECOGNITION OF EXPERIENCE

TEL: 051-9106151-54 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

PM&DC Registration Number

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

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

Subject: **RECOGNITION OF EXPERIENCE**

Dear Sir,

I _____ am enclosing experience certificates (instructions overleaf) as per details given below for recognition. Please issue me experience certificate for (mention purpose, e.g. fresh appointment/promotion etc.)

_____

Sr. No.	Detail of experience (attested copy enclosed)		Department & Institution
	Designation	Duration (mention dates) From……..to……	

Sr. No.	Details of original articles/publications (attach only those articles, where authorship is among 1st three authors)	Name of Journal(s) (Vol, Issue no.) in which articles published

Signature_____

Address_____ Name_____

_____ Designation_____

Tel:_____ Email:_____ Date_____

CNIC #: _____

*Attach extra sheet(s) if required

1. General information

a. The experience certificate is being issued on the basis of experience as communicated by the Principal/Dean/Head of your teaching institution, and shall be modified on the Dean/Principal/ Head of Institution's request.
b. The experience certificate(s) enclosed with this form for recognition must contain the details of nature and title of job and period of job (day, month and year) including your name.
c. If you are in service applicant, please route your application through proper channel.
d. Be fully aware of the fact that the experience certificate is accepted/processed and issued in accordance with PM&DC rules.
e. **Incomplete applications shall not be accepted and returned in original.**
f. Fee shall be remitted with every submission.
g. There shall be no urgent processing of the experience certificate.

2. Local Experience:

Teaching experience certificate must be issued by the Principal/Dean or Head of the Institution recognized by PM&DC on official letter-head pad mentioning his name clearly. **The testimonials issued by the teachers/ medical superintendents are not acceptable**. Experience certificate issued by HOD is not acceptable.

The following documents must accompany the application form:

a. This form (per-page) duly filled-in and signed by the doctor.
b. 2x passport size photographs duly attested by the Medical Superintendent of a District Headquarters level hospital or Principal of a Medical/Dental College or by authorized officer of Pakistan Embassy abroad.
c. Two Photostat copies of each experience certificate duly attested separately by the person specified above. (Teaching experience means teaching experience acquired if the individual has been teaching as registered faculty of recognized institute).
d. Photocopy of the valid PM&DC registration certificate.
e. Experience certificate fee of Rs.1500/- through Bank Draft/Pay Order in favour of Pakistan Medical and Dental Council, Islamabad.
f. An Affidavit on Rs.10/- Stamp Paper (specimen No 1)
g. Training letter for duration of training period of Qualification.
h. Attested copy of PG Qualification degree/DMC/notification (for date of passing the examination)

Note: 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.

3. Foreign Experience:

a. This form (per-page) duly filled-in and signed by the doctor.
b. Photocopy of valid registration certificate under which basic as well as postgraduate qualifications are registered with this Council.
c. Two Photocopies of each experience certificate (signed by the Head of Institute) duly attested by the Principal of any Medical/Dental College in Pakistan OR by an authorized Officer of Pakistan Embassy in that Country OR by an authorized Officer of the Ministry of Foreign Affairs in Pakistan.
d. Two passport size photographs duly attested by the person specified above.
e. Experience certificate fee of Rs. 1500/- through Bank Draft/Pay Order in Favour of Pakistan Medical and Dental Council, Islamabad.
f. Processing fee Rs.5000/- (non-refundable) through Bank Draft/Pay Order in favour of Pakistan Medical & Dental Council, Islamabad.
g. An Affidavit on Rs.10./- Stamp Paper (specimen No 1)
h. Please fill out the release of liability form. (Page-4)
i. Teaching experience duly issued by the regulatory body concerned or by the dean of undergraduate / postgraduate medical / dental institute where applicant was teaching students.

4. Additional Copy of Experience Certificate:

a. An application on plain paper referring previous experience certificate etc. mentioning PM&DC registration number, and purpose of additional copy.
b. Two passport size photographs duly attested by the person specified above.
c. Experience Certificate fee of Rs. 500/- through Bank Draft/Pay Order in favour of Pakistan Medical & Dental Council, Islamabad.
d. An affidavit of Rs. 10/- on Stamp Paper (specimen No 2).

5. Publications/Articles

Please provide original journal(s) in which article(s) have been published OR one copy of each article and front page of the Journal. In case of Local Journal, photocopy of the article has to be verified by the editor of the Journal. In case of Foreign Journal, it has to be verified by Principal / Dean of Medical/Dental College. Please provide only those Original Articles, in which you are among first three authors. Please note that Thesis/ Dissertation, Review Articles, Case Reports etc. do not have any credit.

CONSENT TO RELEASE OF INFORMATION AND RELEASE OF LIABILITY IN RESPECT OF PM&DC AND THE INSTITUTION (FOREIGN TEACHING AND PRACTICAL EXPERIENCE)

1. Name of Authorizing Physician and Email Address: _____
2. Identity of Institution or Person from whom information is sought _____
3. Said experience Details Designation_____ Specialty _____

   Subspecialty: _____ Duration _____Hospital/Institute_____

4. Requester Identity of Institution or Person requesting information: "Pakistan Medical and Dental Council (PM&DC) or agents and authorized representatives/officials so designated in writing by or for it
5. Provider (Hospital/institution where experience was gained) Staff and Faculty who I am authorizing to release information concerning me and my experience.

   PURPOSE: I am providing this request and consent in order to facilitate the process and verification of my experience from the above institution (provider) by the PM&DC the requester.

REQUEST: I specifically request that (**provider**)_____ provide to the requester or any representative designated in writing by the requester, any and all information, documents, and records concerning my professional performance: competence, character during attainment of experience including work experience and behavior while a resident and/or fellow, specifically including the circumstances of my departure from the institution. I further specially request that (**provider**) _____ provide such information whether it came into possession of that information prior to my residency/fellowship, during my residency/fellowship, or after my residency/fellowship towards attainment of the said Experience.

CONSENT AND AUTHORIZATION*:* I hereby authorized the requester identified above, or any representative designated in writing by that requester, to consult with provider_____ its relevant hierarchy, staff and Faculty, in order to obtain all information, documents, and records concerning my professional performance work/teaching experience and behavior while a resident and/or fellow, specifically including the circumstances of my departure from the institution. I hereby consent to the release of all information, records, documents, and/or opinions that PM&DC may require in their sole discretion and this may be provided to the PM&DC (requester) pursuant to this authorization. I further consent to the copying of documents by (provider) _____ its relevant hierarchy, staff and Faculty, and transmittal to the requester or its representatives, of all records, documents and/or opinions described in the paragraphs above as well as any other information, documents and or opinions that may be material to an evaluation of my professional experience in order for PM&DC to consider it for registration and any competence to practice medicine, my experience to obtain or hold clinical privileges or professional credentials, and my moral and ethics experience for employment. I hereby consent to the consultation and to the provision of information, records, documents and or/opinions at any time in the future in the event that the (requester) _____ its relevant hierarchy, staff and faculty, in their sole discretion, determines for any reason that information or opinions it has previously provided pursuant to this release are no longer complete, accurate, or timely, or that such information should be amended to make it more complete, accurate, or timely.

WAIVER OF LIABILITY: I hereby release the requester, _____ its relevant hierarchy, staff and Faculty, and their respective representatives from all liability, to the fullest extent permitted by the law, for all acts performed under this authorization, specifically including the provision of information, documents, or records pursuant to this request.

RELEASE AND WAIVER OF ALL CLAIMS: I specifically waive any claim for damages of any kind against (**provider**) _____ its hierarchy, staff and Faculty, for acts performed pursuant to this authorization, to the fullest extent permitted by the law, including but not limited to claims of interference with contract, invasion of privacy, defamation, slander, discrimination, denial of employment, licensure, or credentials, or negligence of any kind in the communication of such information to the requester or its representatives.

HOLD HARMLESS AND INDEMNIFICATION: I hereby agree to hold (**Provider**) _____its relevant hierarchy, staff and Faculty, and their representatives harmless from all claims made against them by me, the requester, or any other person or entity as a result of the release of information, documents, or records pursuant to this authorization. Specifically included in "hold harmless and indemnification" within this paragraph agree to indemnify (**Provider**) _____its relevant hierarchy, staff and Faculty and their Representatives for all legal fees, costs, or any other expenses incurred in defending any claim arising from the release of information, records, or documents sought by this request or provided pursuant to this authorization.

I shall pay fee for this verification to the provider if any

Signature of Authorizing Physician _____Date _____

Print Name of Authorizing Physician _____

SPECIMEN NO.1 OF AFFIDAVIT ON STAMP PAPER OF RS.10/-

For Issuance of Experience Certificate

I, Dr. _____

S/O,D/O _____ Regn. No_____

Resident of _____

do hereby solemnly affirm as under:-

1. I am submitting my documents to the Pakistan Medical & Dental Council for the issuance of the experience certificates for the purpose _____
2. I am fully aware that more than one agency is involved in such process and considerable time is consumed and I shall not pressurize or demand for any hurry.
3. I am submitting these documents purely on my risk and risk and responsibility and I will not hold PM&DC responsible for delay etc.
4. I will totally accept the decision of the Council and shall not challenge it in any form.
5. I am fully aware that submitting this application is in my own interest and shall wait till PM&DC responds patiently.
6. The above facts are true to the best of my knowledge.

Signature and Seal of the Notary public/oath Commissioner Deponent

SPECIMEN NO. 2 OF AFFIDAVIT ON STAMP PAPER OF RS.10/-

For Issuance of Recognition of Experience Certificate

I, Dr. _____

S/O,D/O _____ Regn. No_____

Resident of _____

do hereby solemnly affirm as under:-

1. A copy of experience certificate No._____ was issued to me which has been submitted to _____ / mis-placed by me
2. I require another copy of certificate for the purpose _____

   _____

3. I am not concealing the facts and will not misuse the experience certificate.
4. The above facts are true to the best of my knowledge.

Signature and Seal of the Court Deponent

CHECK LIST FOR APPLICANT

Dear Dr,

Please ensure	Yes	No
1. You have filled in the PM&DC Proforma for recognition of experience completely.	☐	☐
2. You have attached required copies of teaching experience certificate duly issued by the principal/dean of the concerned teaching medical/dental institution where you have served.	☐	☐
3. You have attached two latest passport size photographs	☐	☐
4. You have attached one attested copy of each original article. (if applicable)	☐	☐
5. You have routed your application through your principal/dean if you are in service applicant.	☐	☐
6. You have got your experience certificates issued by medical superintendent/in charge of the hospital **countersigned** by their respective/concerned principal/dean.	☐	☐
7. Photocopy of the valid PM&DC registration certificate.	☐	☐
8. Training letter for duration of training period of Qualification.	☐	☐
9. Attested copy of PG Qualification degree/DMC/notification (for date of passing the examination)	☐	☐

_____

Name and Signature of Applicant

Dated: _____