

PM&DC-FORM-1A (MEDICAL)
Pakistan Medical & Dental Council

APPENDIX-3

**REQUEST FOR FULL REGISTRATION ON THE REGISTER OF MEDICAL PRACTITIONERS
AFTER FOUNDATION YEAR (HOUSE JOB)**

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

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Please paste
one
Photograph

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



By

Hand Post Courier

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

Sir,
I, Dr. _____ S/o, D/o _____
having postal address _____ permanent address _____

have successfully completed one-year compulsory foundation year (house job) after the issue of Provisional Registration by the PM&DC as per requirement of the PM&DC from a PM&DC approved hospital for conversion of provisional Registration into full registration and have qualified the University/authorized Examination at the end of this structured training. It is requested that my name may be retained in part A of the medical register and a registration certificate to this effect may kindly be issued to me.

(If the following documents are not attested and attached with this application then it shall not be processed and shall be returned to you unactioned in original).

Check List:

Yes/ No

- | | |
|---|----------------------|
| (i) Original PM&DC Provisional Registration Certificate. | <input type="text"/> |
| (ii) A copy of MBBS degree attested by the Principal. | <input type="text"/> |
| (iii) A copy of (one-year) house job certificates attested by the M.S. of the PM&DC approved hospital where house job was done. | <input type="text"/> |
| (iv) Institution/University assessment result after completion of the Structured House Job. | <input type="text"/> |
| (v) Three recent photographs (2 Passport size and one Identity Card size) one attested on front side and then pasted on the form and others on the back (attested by the M.S. of the PM&DC approved hospital where house job was done) with white background and both ears visible. | <input type="text"/> |
| (vi) Required fee _____ | <input type="text"/> |
- (Note: Without the above documents and attestations and required fee, the case will not be processed. Fee will be charged for full registration for five years from the date of registration however courier expenses will be charged if the certificate is required to be delivered by couriers.
- | | |
|---|-----------|
| (vii) Fee for Conversion of Provisional Registration into full registration | Rs.1500/- |
| (viii) For extension of provisional registration for one year. | Rs.1500/- |
| (ix) Verification of house job/clinical work done in a foreign country | Rs.4000/- |
| (x) URGENT FEE (for processing on priority within three working days) | Rs.1000/- |
| (xi) Courier Fee within Pakistan | Rs.100/- |
| (xii) Courier Fee outside Pakistan | DHL rates |
| (xiii) Fee for verification / attestation of registration | Rs.1000/- |
| (xiv) Fee for verification of goodstanding certificate | Rs.1000/- |

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.

A bank draft/pay order of Rs. _____ No. _____ Dated _____ Name of issuing branch _____

(Name & Registration No. of Doctor must be written on the backside of bank draft)
Cash can be deposited at the Bank counters in the PM&DC office Islamabad.

Details of House Job

Name of Hospital	Specialty	From	To	Assessing body

Undertaking:

I undertake to abide by the Code of medical 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 within thirty days. If considered necessary, PM&DC may disclose any information when asked for of for obtain any information from any of my educational institutions and I liberate PM&DC for any liability for this action. I further undertake that if there has been an erroneous entry is found in the certificate and I am told by the PM&DC to send the certificate back to PM&DC for cancellation/correction, 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 above, I am liable for necessary action by the Council which may lead to cancellation of my registration with PM&DC and license to practice. I take full responsibility of authenticity of documents submitted along with this application.

Name _____ Signature _____ Date _____
Cellphone _____ E-mail (essential) _____

(For office use only)

Received Rs. _____ (Rupees _____) Vide receipt No. _____ Dated _____
Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued _____

Assistant

Superintendent

Assistant/Deputy Registrar

PMDC FORM-1A (Medical)
PAKISTAN MEDICAL & DENTAL COUNCIL
MAUVE AREA G-10/4 ISLAMABAD.

TEL: 051-9106151-54 Fax No.051-9106159
Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk

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

GENERAL INSTRUCTIONS

- i. If the required documents are not attested and attached with this application then it shall not be processed and shall be returned to you unactioned in original.
- ii. The applicant must fill in this PM&DC form-1-A in his own neat and legible handwriting or it may be typed. The applicant doctor must sign the Form himself. Forms without all requisite documents and attestations and fee will not be considered. Objections shall be sent via email so make sure you check your email provided to PM&DC.
- iii. The registration certificate shall be dispatched by mail or can be collected personally, in emergency the applicant may send a collector by giving a written authority letter stating the reason and attesting the signatures of the collector. The collector shall submit a photocopy of his national identity card, for record of this office and must be in possession of the original bank receipt.
- iv. If the degree is not available then the registration will be extended provisionally without the remarks "For House job". It will be converted into full registration certificate only on the production of the degree.
- v. Fee Rs.1500/- for conversion from provisional to full registration during the period of five years from the date of initial provisional registration after completion of one year foundation year/house job.
- vi. The case for full registration shall not be processed on urgent basis.
- vii. Check the date of validity of the certificate on receipt.
- viii. In case of loss/misplacement of registration certificate please use PM&DC form 8.
- ix. In case change of name after marriage is required, please send attested photocopy of Nikah Nama OR Affidavit (specimen is given below) along with a fee of Rs.1000/= to amend the certificate.
- x. Any false information given herein shall make the applicant liable for cancellation of PM&DC registration.

**SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR THE CHANGE OF NAME AFTER MARRIAGE AFFIDAVIT**

I, Dr. _____ Daughter of _____
Permanent address _____ Now residing
at _____. Do hereby solemnly affirm and declare
on oath that before my marriage I was registered with the Pakistan Medical & Dental Council as
Dr. _____. Now I am married to _____ and I
have adopted my married name as Dr. _____. (Documentary proof attached
i.e Nikah 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