

REQUEST FOR DUPLICATE REGISTRATION CERTIFICATE

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

Registration Number

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Please paste one Photograph and then get it attested by the person specified overleaf as in instruction 4



It is requested that a Duplicate Registration Certificate may please be issued. I am enclosing the following documents:

1. An Affidavit on a stamped paper duly attested (read instruction no.1)
2. Copy of press advertisement (read instruction No.2)
3. Copy of F.I.R. (read instruction No.3)
4. Three photographs duly attested (read instruction No.6)
5. Complete Photostat copy of degree /diploma duly attested (read instruction No.6)
6. Three specimen signatures duly attested (read instruction No.6) with white background and both ears are visible.
7. A bank draft/pay order of Rs. 2000/- 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 Faysal Bank Limited counter in the PM&DC office Islamabad.

Name & Father's Name	Registration No. & Date and valid upto	Qualification registered	Permanent Address if changed (in Block Letters)	Present Address (in Block Letters)	Postal Address

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 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 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 _____

(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

Registrar

PM&DC-FORM-VIII

Please read these **INSTRUCTIONS** carefully before submitting this form.
For more information contact us at 051-9106151-54 or visit our website: www.pmdc.org.pk

INSTRUCTIONS

1. An affidavit on a stamped paper of Rs 10/- duly attested by 1st Class Magistrate stating that you have lost Registration Certificate No. _____ (specimen of affidavit is given below)
2. Advertisement in the Press regarding the loss of Registration Certificate No. _____ (send the press cutting)
3. Register report with the respective Police Station regarding the loss of Registration Certificate No. _____ (enclose one attested copy of the FIR)
4. A Bank Draft of Rs.1500/- in favor of Pakistan Medical & Dental Council Islamabad as fee for duplicate Registration Certificate. 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
5. Urgent Fee of Rs. 1000/- only for the receipt of Registration Certificate on the same day before the close of the office if documents are deposited before 10.00 A.M. The certificate required urgent by post, an amount Rs.100/- being courier charges may be added.
6. Three photographs duly attested by the Principal/Professor/Associate Professor of any Medical./Dental college in Pakistan OR by the medical Superintendent of District Headquarters Hospital OR by an authorized officer of Pakistan Embassy abroad.
7. Complete Photostat copy of Degree/ Diploma duly attested by the persons specified at S.N.6 above.
8. Photostat copy of Registration Certificate if available.
9. Three specimen signatures duly attested by the persons specified at S.No.6 above.

SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/- FOR LOSS OF REGISTRATION CERTIFICATE

AFFIDAVIT

I, Dr. _____ Son / Daughter of _____

Permanent address _____

now residing at _____

declare on Oath as under: -

1. That I was registered by the Pakistan Medical & Dental Council at Registration No. _____ dated the _____
2. That have I tried may best to trace out my registration certificate but he same could not be traced up till now.
3. The certificate will be returned to the Secretary, Pakistan Medical & Dental Council Islamabad, if found at any time in future and will not be misused with my concurrence.
4. The above statement is correct to the best of my knowledge and belief and nothing has been concealed or suppressed by me in this behalf.

Signature and Seal of the Court

Deponent