

PM&DC-FORM-II**REQUEST FOR RETENTION OF NAME ON THE REGISTER OF
MEDICAL/DENTAL PRACTITIONERS**

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.



Sir,

It is requested that my name may please be retained on the register of the council for a further period of five years. I am enclosing the following documents: -

1. Original PM&DC Registration Certificate.
2. If not submitted earlier and present in our record, A copy of MBBS/BDS degree/postgraduate degree/diploma duly attested by the respective Principal or his authorized Professor whose specimen signatures are available in PM&DC.
3. Three recent photographs with white background and both ears visible.
4. Copy of NADRA National I.D Card.

Fee deposited (in Rupees)

Fee for retention of name in medical/dental register	Late fee	Urgent fee	Courier charges	Change in certificate	Total fee

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 Bank counter in the PM&DC office Islamabad.

(Fill in with block letters)

Name with Father's Name	Date of Birth	Mention qualifications already registered with name of College/Institution	Permanent Address	Present Mailing Address
			City/Dist Phone	City/Dist Phone

Present place of practice/posting (complete address with designation) _____

- Note: 1. For first time registration/recognition of additional postgraduate qualification-use PM&DC form No.6 & 7.
2. No column shall be left blank.
3. In case of any deficiency in documents/fee the case will not be processed further.

Undertaking:

I undertake to abide by the Code of medical Ethics of practice 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 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 application.

Name _____ Signature _____ date _____
Cellphone _____ e.mail _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____
Registration renewed on _____ & valid upto _____ /I/D Card
issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

PM&DC-FORM-II

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

1-GENERAL

- a. Doctors coming personally and intending to get their Registration Certificate on urgent basis are advised to remit urgent fee and deposit their documents before 10:00 a.m. If courier service is required, fee may be paid accordingly.
- b. The name of the doctor is retained on the medical/dental register only till the date of retention mentioned on the certificate of registration. This date can be extended on payment of prescribed fee.
- c. The certificate can be mailed back or the applicant doctor can collect the Registration Certificate personally or through an authorized person having an authority letter by the applicant attesting his identity and must be in possession of the original bank receipt and copy of his/her CNIC of applied doctor.
- d. For any additional qualification not already registered use PM&DC Form-6 or 7.

2- FEE SCHEDULE FOR RETENTION OF NAME ON MEDICAL /DENTAL REGISTER:

i. Only Basic Medical /Dental Qualification MBBS/BDS.	500/- per annum
ii. Basic Medical /Dental Qualification MBBS/BDS with additional postgraduate qualifications	700/- per annum
iii. Name retention Fee for Foreign Nationals (for one year)	Rs. 1000/-
iv. Late Fee (Will be charged if renewed after the expiry of the six months grace period after the expiry date of Registration Certificate).	Rs. 1000/-
v. For any change in registration certificate	Rs 1000/-
vi. For extension on provisional registration.	Rs. 1500/-
vii. URGENT FEE (for processing on priority within three working days)	Rs 1000/-
viii. COURIER FEE (with in Pakistan)	Rs. 100/-
(out side Pakistan)	DHL rates
Ix Fee for verification of registration	Rs.1000/=

Foreign Nationals and Pakistani doctors applying from foreign countries can 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 IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION CERTIFICATE please use PM&DC form 8

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.1000/- to amend the certificate.

5-Any false information given herein shall make the applicant liable for cancellation of PMDC 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