

**PM&DC-FORM-1 (Medical)**  
**PROVISIONAL REGISTRATION ON THE REGISTER OF**  
**MEDICAL PRACTITIONERS(Part-B)( FOR HOUSE JOB ONLY)**

TEL: UAN 111-321-786 , 9266004 Fax No.051-9266427

Website: [www.pmdc.org.pk](http://www.pmdc.org.pk) E-mail: [pmdc@pmdc.org.pk](mailto: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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(For office use only)

<b>Please paste one Photograph</b>
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To,  
 The Registrar  
 Pakistan Medical & Dental Council  
 G-10/4, Mauve Area, Islamabad.

By hand	Post	Courier
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**(Please read and understand the instructions before filling this form)**

Dear Sir,

I have qualified MBBS final exam held on \_\_\_\_\_ from \_\_\_\_\_ I may be provisionally registered on part-B of the register of Medical Practitioners (under the PM&DC Ordinance, 1962) and a PM&DC certificate of provisional registration may be issued for my house job training. My particulars are as under: (All columns are to be filled in block letters):-

1. Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. PM&DC students registration No. \_\_\_\_\_
4. Present/Mailing Address \_\_\_\_\_  
\_\_\_\_\_
5. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
6. Nationality \_\_\_\_\_ Province of domicile \_\_\_\_\_
7. C.N.I.D.(NADRA)Card No. \_\_\_\_\_ Gender- M/F Date of Birth \_\_\_\_\_  
Phone/Fax No. \_\_\_\_\_ Email \_\_\_\_\_
8. A Bank Draft/Pay Order of Rs. \_\_\_\_\_ No. \_\_\_\_\_ Dated \_\_\_\_\_  
Name of issuing branch \_\_\_\_\_  
(Name of Doctor must be written on the back side of bank draft)  
\*Cash can be deposited at the Faysal Bank Limited counter in the PM&DC office Islamabad.
9. Particulars of MBBS or equivalent basic qualification required to be registered

Name of Qualification	Name of University	Name of Medical College	Date of admission in Ist Year MBBS Class	Age on the date of admission Y – M – D	Date of final Examination Held	Date of result Declared

10.

**ADDITIONAL INFORMATION REQUIRED  
MBBS**

YEAR	NAME OF MEDICAL COLLEGE	ATTENDED FORM TO	NAME OF UNIVERSITY
1 <sup>st</sup> YEAR MBBS			
2 <sup>nd</sup> YEAR MBBS			
3 <sup>rd</sup> YEAR MBBS			
4 <sup>th</sup> YEAR MBBS			
5 <sup>th</sup> YEAR MBBS			

**\*Note:-** In case of any deficiency in documents/fee the case will not be processed further.

**11. Documents to be attached:**

**Duly attested photocopy (with blue ink) by the Principal of respective college:-**

- a. Provisional MBBS certificate/degree.
- b. FSc (Pre-medical certificate/equivalence certificate from IBCC Islamabad.
- c. Matric certificate/age proving document.
- d. Student registration certificate issued by PM&DC. Migration cases to provide all related documents
- e. Three recent photographs (passport size) one attested on front side on the form and others on the back
- f. Photostat copy of computerized National I.D.Card issued by NADRA.

**12. 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 Register, Pakistan Medical and Dental Council of any change of address of residence or practice with in 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. I further undertake that if there has been an erroneous entry in the certificate, I shall send it back for correction if asked by the PM&DC and that the 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.

Signature\_\_\_\_\_

Full Name Dr.\_\_\_\_\_

Tel:\_\_\_\_\_ Email:\_\_\_\_\_ Date\_\_\_\_\_

**(FOR USE OF THE OFFICE OF THE PRINCIPAL ONLY)**

Dr.\_\_\_\_\_ has passed final MBBS exam held on \_\_\_\_\_ from \_\_\_\_\_ His/her application is verified and recommended for provisional registration as medical practitioner for house job. The required documents duly attested by the undersigned are enclosed.

Principal

(Signature & Stamp)

**(FOR PM&DC OFFICE USE ONLY)**

Received Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_

Dr. \_\_\_\_\_ is provisionally registered with PM&DC as medical practitioner on this day \_\_\_\_\_ for a period of one year for house job only.

Assistant

Superintendent

Asstt/Deputy Registrar

Registrar

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

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

**1. GENERAL**

- (i) The applicant must fill in PM&DC form-1 in his own neat and legible handwriting or it may be typed. The applicant doctor must sign the Form himself. **Incomplete & illegible forms will not be considered.**
- (ii) Registration certificates will be dispatched to the applicant by post within **one month** from the date of receipt of application provided all required formalities are complete. In case there is any objection the process can be delayed. If case has been submitted by hand please quote receipt no in any inquiry about the case.
- (iii) The applicant doctor shall collect the Registration Certificate personally. In case applicant is sending a collector, he must have an authority letter attesting his signatures, Such persons should provide photocopy of their national identity card, for record of this office and must be in possession of the original bank receipt.
- (iv) The provisional registration will only be extended once.

**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 without any additional fee**

- ?? **The original PM&DC provisional registration certificate,**
- ?? **Three recent passport size photographs,**
- ?? **Photocopy of house job (one year) certificates attested by the respective MS**
- ?? **Photocopy of MBBS degree attested by the respective Principal/Medical Superintendent.**

**2. FEE SCHEDULE**

- ?? Registration of name on the medical register Part B (Provisional) of the basic medical qualification for five years
- |                                  |                   |
|----------------------------------|-------------------|
| Within six months of graduation; | <b>Rs. 500/=</b>  |
| After a lapse of six months;     | <b>Rs. 1000/=</b> |
| After one year                   | <b>Rs.1250/-=</b> |
- ?? For each change in registration certificate **Rs. 1000/=**
- ?? If certificate is required to be delivered by couriers
- |                    |                  |
|--------------------|------------------|
| with in Pakistan,  | <b>Rs.100/-</b>  |
| out side Pakistan. | <b>DHL rates</b> |
- ?? Foreign nationals passing MBBS from Pakistani Universities **Rs. 1000/= year**
- ?? Extension of provisional registration **Rs. 1500/= each year**
- ?? Fee for verification of registration/goodstanding overseas **Rs.1000/=**

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

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.

3. After five years the name of the doctor will only be retained on the medical register on payment of prescribed fee for retention of name.
4. **IN CASE OF LOSS/MISPLACEMENT OF REGISTRATION CERTIFICATE** please use PM&DC form 8
5. 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.
6. 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 (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**