In exercise of the powers conferred by clause (f) of sub-section (2) of section 9 of the Pakistan Medical and Dental Council Act 2022, the Pakistan Medical and Dental Council, is pleased to make the following regulations, 'namely:-

PART- I

INTRODUCTION

1. Short title and commencement. - (1) These: regulations may be called the Pakistan Registration of Medical and Dental Practitioners Regulations, 2023.

These shall come into force at once.

2. Definitions. —In these regulations unless there is anything repugnant in the subject or context.

i) "Council" means the Pakistan Medical and Dental Council constituted under this Act.

ii) "Section" means a section of the Act.

iii) "Register" means the register of medical practitioners maintained under section 36 or the register of dental practitioners maintained under section 37 of this Act.

iv) "Registration" means either provisional registration or full registration as the case may be.

v) "Provisional Registration'' means a registration granted to enable training and education prior to grant a full registration and subsequent to having qualified the national registration examination under this Act.

vi) "Full Registration'' means a permanent registration to practice granted under this Act, subject to continuing validity of the registration under this Act and applicable rules and regulations.

vii) "Temporary Registration" means registration of doctors of foreign nationality for a specific purpose and period.

viii) "Registered Medical Practitioner" means a medical practitioner whose name is included in the register maintained under section 36 of this Act.

ix) "Registered Dental Practitioner" means a dental practitioner whose name is included in the register maintained under section 37 of this Act.

x) "House Job or Foundation Year or Internship'' means hands on training in clinical subjects on a rotational basis in an approved hospital or institution as mentioned in 4th Schedule of PM&DC Act 2022 after provisional registration as a prerequisite for full registration under this Act.

xi) ''National Equivalence Board Examination'' or NEB means the national equivalent board examination, as defined in section 19 of this Act.

xii) ''National Registration Examination'' or NRE means national registration re-examination, as defined in section 18 of this Act.

xiii) "Disciplinary Committee" means a committee constituted by the Council.

xiv) "Specialist" means the holder of any registerable additional medical or dental qualification in a particular field.

xv) "Online forms" means all forms prescribed by the Council for the purpose of registration and available on PM&DC Website.

xvi) 'Act' means Pakistan Medical and Dental Council Act 2022.

(3) The words and expressions used but not defined herein shall have the same meaning as are assigned to them under the Act.

PART - II

COMPILATION, MAINTENANCE, AND PUBLICATION OF THE "REGISTERS" (ONLINE REGISTRATION MECHANISM)

(4) All applications for Registration of MBBS and BDS doctors are received through Online Portal for issuance of Licensing Certificates. The I.T. Department of PM&DC to maintain data of these doctors in accordance with the provisions of sections 36 & 37 in computer database in the form of two online registers to be called

1) register of medical practitioners and;

2) register of dental practitioners and from time to time revise these online registers.

(5) Separate online database to be maintained by IT department of medical practitioners of foreign nationality possessing foreign medical license or diploma who are issued a temporary registration for specific purpose as decided by the Council on payment of a specified fee. Purpose can be postgraduate study, demonstration of skills and institutional service (missionary hospitals) with or without remuneration as allowed by the Council. This part shall also contain a list of medical practitioners of foreign nationality who have obtained recognized Pakistani qualifications, medical licenses or diplomas and who are issued a registration.

Furthermore, the criteria for temporary registration for foreigner doctors with foreign qualification is as under:

i. For undertaking postgraduate qualification in training institute recognized by PM&DC (to be issued provisionally for one year which can be extendable on request).
Pre-requisite: i) Sponsor letter, ii) Active foreign license.

ii. For specific procedures/demonstration of skills in recognized institutes/hospitals (to be issued on official

letterhead for not more than 3 months).
Pre-requisite: i) Sponsor letter, ii) Active foreign license iii) Postgraduate qualification registered on his/her foreign license.

iii. For institutional services in 'missionaries hospitals' only (to be issued provisionally for one year which can be extendable on request)
Pre-requisite: i) Sponsor letter, ii) Active Foreign License).

(6) Any person, whose name has been entered in online database of registered medical practitioners or registered dental practitioners shall be entitled to receive from The Registrar a certificate of registration according to the category applied on the prescribed online forms. A copy of the Certificate shall be displayed prominently at the place of practice.

(7) Holder of Pakistan Origin Card (POC) shall enjoy all privileges of Pakistani citizens for the purpose of registration.

(8) Data of registered practitioners shall be provided on request in soft copy on payment as specified in these regulations.

PART-III

HOUSE JOB/INTERNSHIP

(9) As per sub section (1) of section 36 and sub section (1) of 37 of the Act, one year house job in clinical subjects in a hospital approved by the Council (as mentioned in Schedule 4 of PM&DC Act 2022) is required, for entitlement of full registration after the grant of provisional registration. No house job or internship shall be allowed

unless the applicant possess valid PM&DC provisional registration certificate.

(9A) The applicant is required to apply immediately for provisional registration before the date of commencement of house job.

(10) After provisional registration, house job, internship, clinical work, or resident training of one year duration abroad from hospital approved by the regulatory body of that country is also acceptable for full registration.

(11) The clinical work / house job performed before award of degree as part of studies in case of foreign graduates of Pakistani nationality who 'qualify the National Registration Examination" shall not be entitled for full registration. One year house job/internship after provisional registration as supra shall be required.

(12) Every student on completion of his/her degree of MBBS or BDS, as the case may be shall be required to undergo one year house job or internship, by whatever name called for, before permanent registration with the Council.

(i) A recognized medical or dental college shall be responsible to create house job vacancies for their graduates annually in its teaching hospital equivalent to its approved annual intake.

(ii) Experience of house job or internship done prior to provisional registration shall not be counted and accepted as experience of house job towards entitlement of full registration. In Government teaching hospitals without medical/dental colleges, house jobs can be created on a bed strength as specified in Institutions

Accreditation/Inspection Performa of PM&DC (Available on PM&DC website).

(iii) House job or internship training shall be carried out only in a hospital recognized by the Council under the Act (mentioned in Schedule 4).

(iv) Before awarding house job or internship, the hospital shall ensure that the candidate possesses a valid provisional registration or proof of submission of application with the Council.

(13) **House job structure for MBBS.-** A house job or internship shall consist of residential, full time and structured modules specified in column (2) of the Table below for the duration as specified in column (3) thereof, namely:-

S.No.	Modules	Duration
(1)	Module-I	Three months duration in internal medicine is compulsory
(2)	Module-II	The remaining 03 months in allied department of medicine is compulsory.
(3)	Module-III	Duration of three months in general surgery is compulsory

(4)	Module-IV	The remaining 03 months in allied department of surgery is compulsory.

(14) **Explanation:** Each main module (medicine and allied of six month's or surgery and allied of six month's) shall have to be completed in a PM&DC approved hospital. The experience of house job or internship less than three months in any module shall not be accepted as experience.

(15) Basic life support certification (BLS) course shall be mandatory during house job for full registration with the Council.

(16) **House job structure for BDS**.- (1) House job or internship for BDS shall consist of residential, full time and structured modules specified in column (2) of the Table below for the duration as specified in column (3) thereof, namely:-

Sr No	Modules	Duration
(1)	Prosthodontics and Allied	Three months
(2)	Operative dentistry and Allied	Three months
(3)	Orthodontics and Allied	Three months
(4)	Oral and maxillofacial surgery and Allied	Three months

(17**) House job or internship for foreign medical or dental graduates (Pakistan National) :**- The foreign medical and dental graduates having

obtained undergraduate medical or dental qualification issued by a foreign university or an undergraduate medical or dental qualification issued by a foreign university duly recognized by the Council, shall be granted a provisional registration to undertake his/her house job within fourteen days of verification of their qualification by the granting institution:

"Provided that the person to whom a provisional registration is granted shall complete the mandatory requirement of passing NRE at any time prior to issuance of full registration of foreign Pakistani graduates".

(18) **Stipend or salary for house job or internship**.- All public and private institutions shall be responsible to provide a paid house job to their graduates and there shall be no house job/ internship in parent institute without honorarium. An institute may however provide house job / internship to graduates of other institutions depending upon its capacity but shall not be responsible for paying the graduates of other internee in institutes. The amount of stipend or salary, by whatever name called, paid to house officer private sector hospitals shall not be less than the highest amount paid in any public sector hospital of that province. The institution shall not allow house job beyond the slots allocated by the Council in the relevant institution.

PART-IV

REGISTRATION OF UNDERGRADUATE MEDICAL AND DENTAL STUDENTS

(19) **Registration of Admitted Student:-** (i) A student admitted to a medical or dental college and whose admission is verified by the affiliating university shall be registered by the Council as a medical or dental student.

(ii) A student shall be registered as a medical or dental student only if he/she fulfills the admission criteria of the Council and falls within the seats allocated to the medical or dental college by the Council.

(iii) The CNIC, Passport number, Form B number or Juvenile Card number shall represent the student's registration number of the student shall represent the student's registration number and shall continue as the unique identification of the student throughout the period of the educational program and thereafter, for purposes of applying for licensing.

(20) **Student Registration fee payable to Council**:- Every Student admitted to a medical or dental college shall be registered by the Council on submission of prescribed fee by the College i.e. through Online portal of PM&DC.

(21) **Reporting of Students leaving program**:- The college through the university shall notify the Council of a student having left or been removed from a program within fifteen days. The student's registration with the Council shall stand cancelled on receipt of information from the university.

(22) **Migration to Another College**:- (i) A student enrolled in any recognized medical or dental college may migrate to another recognized college in 03rd year for MBBS students and in 2nd year of BDS students, in the same program at the same level to a vacant seat available in the college migrating, subject to rules prescribed by the affiliating university.

(ii) All colleges, public or private, shall at all times publicly display vacant seats available in each year of the program and shall inform the Council of such vacancy within fourteen days. No migration shall be accepted by a college to a vacant seat until the vacancy has been publicly displayed for at least fourteen days, allowing for students to apply for migration to such vacancy.

(iii) No college or university shall restrict a student's right to leave a college and migrate to another college.

(iv) The terms of migration shall be determined by the university regulating the college to which the student is seeking a migration to.

(v) Unless restricted by the rules of a university, there shall be no restriction on migration from a public to a private college or vice versa.

(vi) The accepting/relieving college shall inform the Council within fifteen days of such migration.

(23) **Verification of Credentials by Affiliating University**:-
(i) The affiliating university shall be responsible for verifying the credentials of a student admitted by a college including the matriculation, HSSC or equivalent 12th grade qualification.

(ii) The affiliating university after having verified the credentials shall register the student in its record and submit the final verified list of admitted students of each of its constituent or affiliated colleges to the Council through PM&DC Online portal in the prescribed format within sixty days of the prescribed date for completion of admission.

(iii) The affiliating university shall be responsible for the verifications and submission of the final verified list to the Council. The university shall cancel any provisional admission where the credentials of a student are not verified.

(iv) **Gap after discontinuation of study.–**Where any student has qualified a professional examination and discontinues his/her studies and desires to re-join his/her studies of the MBBS or BDS, within five years of his/her discontinuation, he/she may as one-time dispensation be allowed to continue his/her studies from the stage he/she discontinued his/her studies.

In no case a student shall be allowed to continue study of MBBS or BDS after a gap of more than five years. A student joining the MBBS or BDS course after a study gap of three years shall re-take his/her last professional examination **subject to a degree being completed within a ten year cumulative period.**

PART V
NATIONAL EQUIVALENCE BOARD EXAMINATION (NEB)

(24) **Migration of Pakistani National Studying Abroad** :-

(i) A Pakistani national studying in a foreign medical or dental college may apply for migration to a Pakistani medical or dental college subject to having completed at least two years of studies in a foreign college and having qualified the National Equivalence Board examination.

(ii) A Pakistani student may apply for migration to a vacant seat available in the college.

(iii) A Pakistani student shall only be allowed to migration to the same program as the student was enrolled in the foreign college and in the year for which the student has qualified the NEB exam.

(iv) A student shall be required to take the NEB within twelve months of having left his program of study outside Pakistan in order to be eligible for admission to a medical or dental college in Pakistan**.**

(v) A student will not be allowed to migrate in a particular MBBS year of a medical college in Pakistan if more than three months have passed since the start of the academic year and in cases where over three months have passed since the start of the academic year, the student will be allowed migration in the preceding year on availability of vacant seat.

PART VI
GOOD STANDING CERTIFICATE

(25) A certificate of good standing for six months shall be issued to a registered practitioner on demand and on payment of prescribed fee, provided he/she has at least six months of good standing with the Council and has not been convicted on any professional misconduct.

(26) One certificate of good standing shall be issued for one foreign regulatory authority only, which shall be specified by the applicant.

ART VII

NATIONAL REGISTRATION EXAMINATION (NRE)

(27) **National Registration Examination (NRE):-**

(i) The Council shall at least twice a year as per schedule approved by the Council conduct the NRE for Pakistani foreign graduates. Passing the NRE shall be mandatory for obtaining a full registration. The NRE shall be substantially based on objective computer based multiple choice questions and a practical component determined by the Council:

Provided that there shall be no limit on the number of times a person may attempt the NRE.

(ii) A person, having obtained an undergraduate medical or dental qualification issued by a foreign university or an undergraduate medical or dental qualification issued by a foreign institution duly recognized by the Council, shall be granted a provisional registration to undertake his house job within fourteen days of verification of their qualification by the granting institution:

Provided that the person to whom a provisional registration is granted shall complete the mandatory requirement of passing the NRE at any time prior to issuance of full registration of foreign Pakistani graduates.

(iii) A medical or dental practitioner who has obtained a registration to practice in a foreign country after having qualified from a foreign institution recognized by the Council shall be required to qualify the NRE for grant of a full registration to practice in Pakistan.

(iv) A person having obtained an undergraduate medical or dental qualification issued by a foreign institution duly recognized by the Council and have acquired a standard postgraduate qualification such as MRCP, FRCS, Diplomat or Fellow of American Board or level III qualification recognized / registered by the Council shall be exempted from NRE and he/she shall be issue permanent license subject to having valid foreign license and in good standing with foreign regulator**.**

PART - VIII

VIOLATION OF REGULATIONS BY MEDICAL OR DENTAL PRACTITIONER

(28) (i) A complaint or representation alleging a breach of these Regulations by a registered medical or dental practitioner, shall be dealt by the Disciplinary Committee of the PM&DC.

(ii) An appeal, from the decision of the Disciplinary Committee against a registered medical and or dental practitioner shall lie before the Council of the PM&DC.

PART - IX

VIOLATION OF REGULATIONS BY INSTITUTION

(29) (i) A complaint or representation, alleging a breach of these Regulations, against an institution shall be dealt by the Disciplinary Committee of the PM&DC.

(ii) An appeal, from the decision of the Disciplinary Committee against an institution, shall lie before the Council of the PM&DC.

PART - X

FEES

(30) The fee submitted for online form is refundable.

The fees of online registration forms and other services relevant to registration section shall be as under:—

Sr No	Services	Current Fee
	ONLINE REGISTRATION FORMS FEE	
1)	Provisional Registration (Local Graduate)	Rs. 1000/-
2)	**Provisional Registration (Foreign Graduate)**	**Rs. 10,000/-**
3)	Permanent Registration (2 years)	Rs. 4000/-
4)	Permanent Registration with Foreign Postgraduate Qualification (2 years)	Rs. 5000/-
5)	Extension of Provisional Registration	Rs. 1000/-
6)	Renewal of License with Basic Qualification (5 years)	Rs. 10,000/-
7)	Renewal of License with Additional Postgraduate Qualification (5 years)	Rs. 10,000/-
8)	Registration of Postgraduate Local Qualification	Rs. 3000/-
9)	Registration of Postgraduate Foreign Qualification	Rs. 6000/-
10)	Duplicate License	Rs. 2000/-
11)	Certificate of Good Standing	Rs. 5000/-
12)	Any Change in Registration Certificate form	Rs. 2000/-
13)	**Late fee + remaining period fee + further extension period fee (applicable after expiry of six months after validity).**	**Rs. 2000/year**
14)	International Courier fee	Rs. 7000/-
	FEE FOR REGISTRATION OF DOCTORS WITH FOREIGN NATIONALITY	
15)	Initial registration certificate for doctors with Foreign Nationality having Pakistani MBBS/BDS Qualification.	Rs. 1000/-
16)	Extension of Registration Certificate for one year	Rs. 1000/-

17)	Processing and Temporary Registration of doctors with Foreign Nationality for study purpose/training in Pakistan having foreign basic medical/dental qualification and for institutional services in missionaries hospital.	Rs. 7000/-
18)	Temporary registration of doctors with foreign nationality visiting Pakistan for Specific procedures/Demonstration of skills.	Rs. 7000/-
	STUDENT REGISTRATION SECTION FEE:	
19)	Undergraduate Student Registration Fee From Public Medical/Dental Institute of Pakistan	Rs. 5,000/-
20)	Undergraduate Student Registration Fee from Private Medical/Dental Institute of Pakistan	Rs. 10,000/-
	PROVISION OF DATA OF REGISTERED MEDICAL/DENTAL PRACTITIONERS IN SOFT COPY	
21) a.	All Pakistan list of valid Registered Medical Practitioners	25,000
b.	Punjab province only	10,000
c.	Sindh Province only	10,000
d.	KPK Province only	10,000
e.	Baluchistan Province only	10,000
22) a.	Al Pakistan list of valid Registered dental Practitioners	25,000
b.	Punjab province only	10,000

c.	Sindh Province only	10,000
d.	KPK Province only	10,000
e.	Baluchistan Province only	10,000
23)	Medical/Dental Specialists	10,000
	ADMISSION VIOLATION PENALTIES	
24)	Admission Beyond Allocated Seats	Rs. 2,000,000 per seat and cancellation of admission
25)	Irregular Admission	Rs. 1,500,000 per seat and cancellation of admission
26)	Non Payment of Fee	As prescribed in regulations, otherwise penalty equivalent to 50% of the payable fee
27)	Delayed Registration of Students	Rs. 50,000 per student
28)	Delayed Reporting of Graduation	Rs. 75,000 per student
29)	Delayed Reporting of Annual Exam Results	Rs. 30,000 per student
30)	Delayed Reporting of Transfer or Leaving Student	Rs. 100,000 per student
31)	Delayed Reporting or publication of Merit and Admission list	Rs. 500,000 and Rs. 50,000 per day of delay
32)	Failure to comply with permissible student Fee and charges	Rs. 200,000 per violation
33)	Other Violations of Regulations	As may be prescribed by the Council on advisory placed before the Council
34)	General Penalty	Any institution on whom a penalty is imposed shall also be listed in Gray List by the Council where three penalties may result in further penalty of suspension of registration and recognition

(31) **Penalty for fraudulent representation or registration**.— Whosoever falsely pretends to be registered under this Act as a medical practitioner or dentist and uses with his name or title any words or letters representing that he is so registered with the Council or uses the word "doctor" without legal basis, irrespective of whether any person is actually deceived by such pretence or representation or not, shall, on conviction before a Magistrate of the first class, be punishable with fine which may extend to one hundred thousand rupees or with imprisonment for a term which may extend to six months or with both. Any person found aiding and abetting him shall also be prosecuted and punished.

(32) **Penalty of practicing without registration**.—
(i) No person, other than a registered medical or dental practitioner, shall practice medicine or dentistry.
(ii) A person who acts in contravention of the provisions of subsection (i) shall be punishable with imprisonment for a term which may extend to two years, but shall not be less than six months, or with fine which may extend to two hundred thousand rupees, but shall not be less than one hundred thousand rupees, or with both.

LIST OF APPENDICES:

1. PM&DC Form – 01 (Provisional Registration on the Register of Medical/Dental Practitioner of Pakistani Graduates for House Job).

2. PM&DC Form – 02 (Provisional Registration on the Register of Medical/Dental Practitioner of Foreign Graduates for House Job).

3. PM&DC Form – 03 (Full License – Pak National with Pakistan Basic Degree)

4. PM&DC Form – 03A (Full License – Pak National with Foreign Basic Degree)

5. PM&DC Form – 04 (Full License with Foreign Postgraduate Qualification)

6. PM&DC Form – 05 (Temporary License)

7. PM&DC Form – 06 (Renewal of Full License)

8. PM&DC Form – 07 (Extension of Provisional License)

9. PM&DC Form – 08 (Any Change in Data/License)

10. PM&DC Form – 09 (Registration of Postgraduate Qualification)

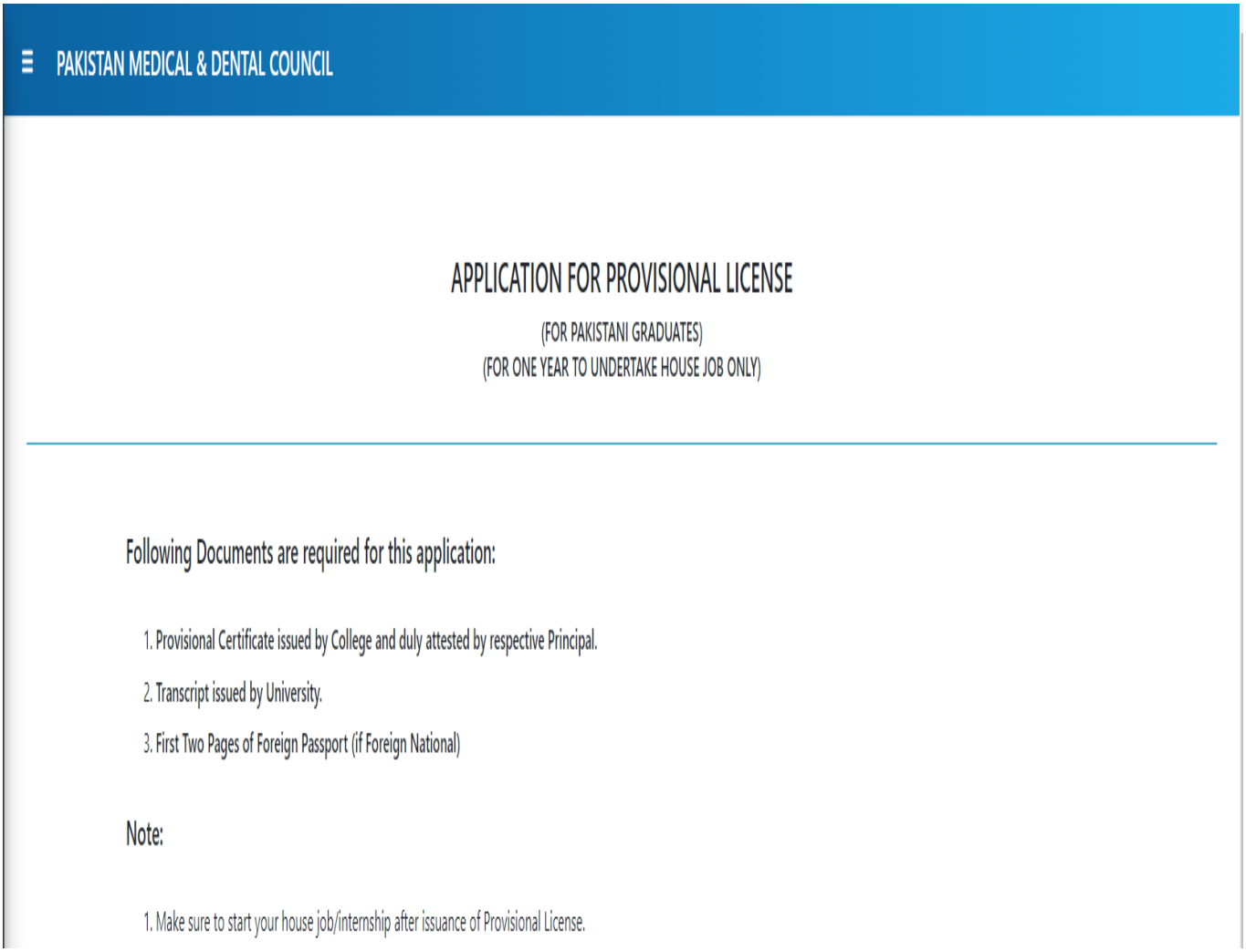
11. PM&DC Form – 11 (Good Standing)

12. PM&DC Form – 13 (Duplicate License)

13. PM&DC Form – 14 (Restoration of Deleted Basic Postgraduate Qualification)

14. PM&DC Postgraduate Student Registration Form –

15. PM&DC Death Verification Form -



PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR PROVISIONAL LICENSE

(FOR PAKISTANI GRADUATES)
(FOR ONE YEAR TO UNDERTAKE HOUSE JOB ONLY)

Following Documents are required for this application:

1. Provisional Certificate issued by College and duly attested by respective Principal.
2. Transcript issued by University.
3. First Two Pages of Foreign Passport (if Foreign National)

Note:

1. Make sure to start your house job/internship after issuance of Provisional License.

Appendix - 01

1. PM&DC Form – 01 (Provisional Registration on the Register of Medical/Dental Practitioner of Pakistani Graduates for House Job).

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR PROVISIONAL LICENSE

(FOR PAKISTANI GRADUATES)
(FOR ONE YEAR TO UNDERTAKE HOUSE JOB ONLY)

Personal Information

PMDC Student Registration No. *	10304-S E.g. 1234/M/ABC
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Passport No. (If Foreign National)	ENTER PASSPORT
Date of Birth *	2015-04-07
Gender *	MALE

Mailing Address

Address *: HOUSE NO, STREET NO, TOWN/SECTOR

City *: ISLAMABAD, PESHAWAR, LAHORE, KARACHI ETC.

Country *: SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Permanent Address (as per domicile/CNIC)*: ENTER PERMANENT ADDRESS

Province/District *: ENTER PROVINCE/DISTRICT

Mobile *: 123

Email *: RECEPTION@PMC.GOV.PK

Qualification *: SELECT QUALIFICATION

Degree Awarding University *:

Name of College *:

Year of Graduation *: SELECT YEAR OF GRADUATION

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Provisional Certificate issued by College and duly attested by respective Principal. *

Attach File

Upload Transcript/Final Year DMC *

Attach File

Upload CNIC (Local National)

Attach File

Upload First 2 Pages of Passport (Foriegn National)

Attach File

Fee

Fee for Provisional License (Valid for one year only)	**Rs. 1,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF MEDICAL PRACTITIONER (FOR ONE YEAR HOUSE JOB ONLY)

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners. He/She is authorized to practice Basic Medicine and Surgery along with Allied subjects, under supervision.

IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF DENTAL PRACTITIONER
(FOR ONE YEAR HOUSE JOB ONLY)

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the above is a true copy of the entries in the Register of Dental Practitioners. He/She is authorized to practice Basic Dentistry, under supervision.

IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF REGISTRATION FOR FOREIGNERS WITH RECOGNIZED PAKISTAN MEDICAL QUALIFICATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners in respect of medical practitioners specified therein.

IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF REGISTRATION FOR FOREIGNERS WITH RECOGNIZED PAKISTAN DENTAL QUALIFICATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the above is a true copy of the entries in the Register of Dental Practitioners in respect of dental practitioners specified therein.

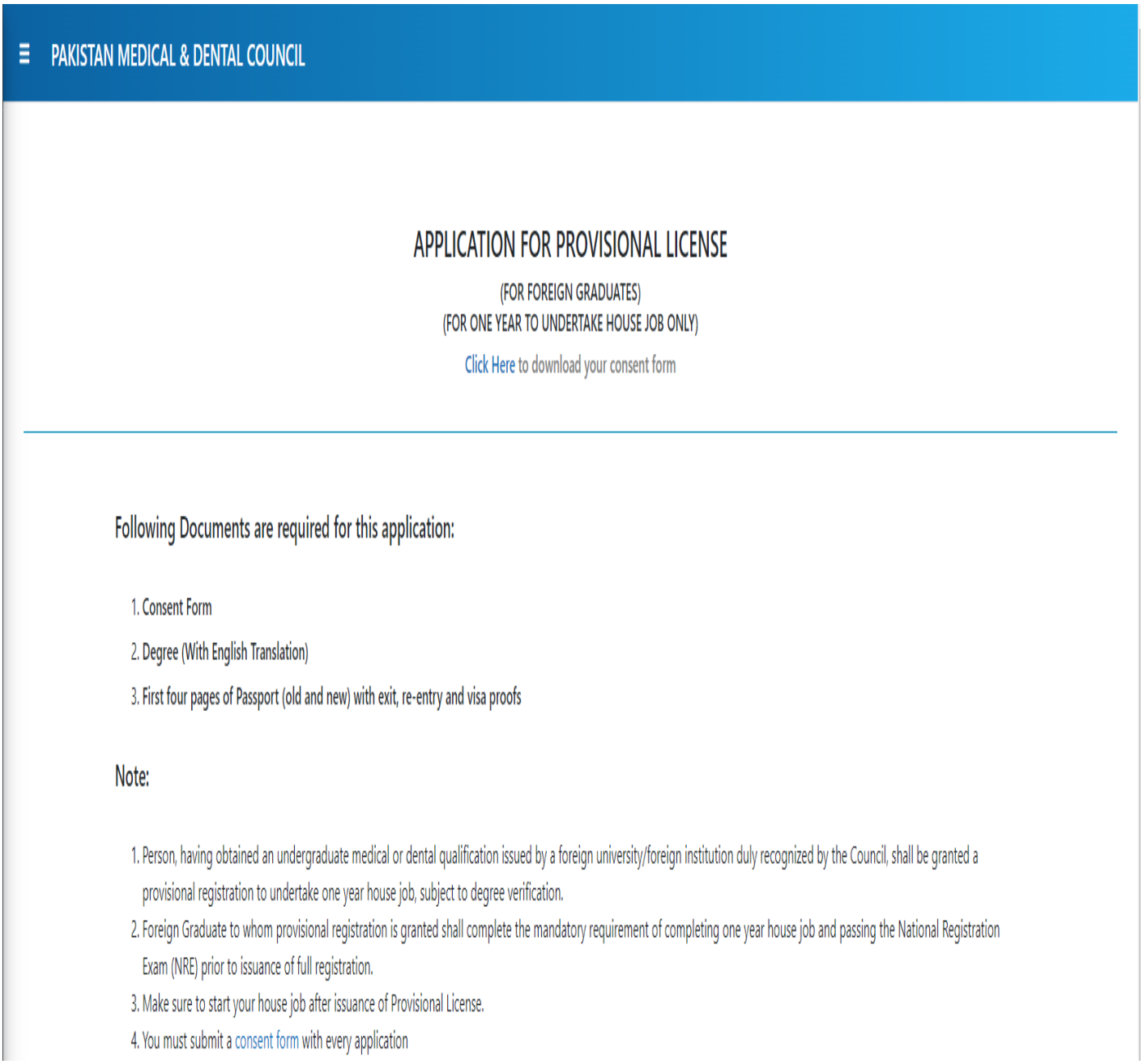
IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

Appendix - 02

2. PM&DC Form – 02 (Provisional Registration on the Register of Medical/Dental Practitioner of Foreign Graduates for House Job).



PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR PROVISIONAL LICENSE

(FOR FOREIGN GRADUATES)
(FOR ONE YEAR TO UNDERTAKE HOUSE JOB ONLY)

Click Here to download your consent form

Following Documents are required for this application:

1. Consent Form
2. Degree (With English Translation)
3. First four pages of Passport (old and new) with exit, re-entry and visa proofs

Note:

1. Person, having obtained an undergraduate medical or dental qualification issued by a foreign university/foreign institution duly recognized by the Council, shall be granted a provisional registration to undertake one year house job, subject to degree verification.
2. Foreign Graduate to whom provisional registration is granted shall complete the mandatory requirement of completing one year house job and passing the National Registration Exam (NRE) prior to issuance of full registration.
3. Make sure to start your house job after issuance of Provisional License.
4. You must submit a consent form with every application

APPLICATION FOR PROVISIONAL LICENSE

(FOR FOREIGN GRADUATES)
(FOR ONE YEAR TO UNDERTAKE HOUSE JOB ONLY)

Click Here to download your consent form

Personal Information

Name *
ENTER NAME

Father Name *
ENTER FATHER NAME

Nationality *
SELECT NATIONALITY

CNIC
ENTER CNIC

CNIC Date of Issuance
YYYY-MM-DD

Date of Birth *
YYYY-MM-DD

Gender *
MALE

Mailing Address

Address *
HOUSE NO, STREET NO, TOWN/SECTOR

City *
E.G. ISLAMABAD, CAIRO, ROME

Country *
SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Permanent Address (As per CNIC)*	ENTER PERMANENT ADDRESS
Province/District *	ENTER PROVINCE/DISTRICT
Mobile *	ENTER MOBILE NUMBER
Email *	ENTER EMAIL
Qualification *	MEDICAL
Country of Graduation *	
Institution of Graduation *	
Degree Title *	
Year of Graduation *	SELECT YEAR OF GRADUATION
NEB Eligibility Certificate No. (If Qualified NEB Step III)	ENTER NEB ELIGIBILITY CERTIFICATE NO.
NRE/NLE ROLL NO.	ENTER NRE/NLE ROLL NO.

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Consent Form * Download

Attach File

Upload Degree (With English Translation) *

Attach File

Upload CNIC (Front & Back)

Attach File

Upload First four pages of Passport with exit, re-entry and visa proofs *

Attach File

Fee

Fee for Provisional License (Valid for one year only)	**Rs. 2,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF MEDICAL PRACTITIONER (FOR ONE YEAR HOUSE JOB ONLY)

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

Remarks

1. AS EQUIVALENT TO MBBS (PAK) BUT SHOULD NOT WRITE MBBS (PAK) WITH HIS/HER NAME IN ANY FORM.
2. HOLDER OF THIS LICENSE WILL UNDERGO ONE YEAR HOUSE JOB AND QUALIFY THE NRE PRIOR TO GRANT OF FULL LICENSE.

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners. He/She is authorized to practice Basic Medicine and Surgery along with Allied subjects, under supervision.

IMPORTANT NOTICE
1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PROVISIONAL REGISTRATION ON THE REGISTER OF DENTAL PRACTITIONER (FOR ONE YEAR HOUSE JOB ONLY)

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

Remarks

1. AS EQUIVALENT TO BDS (PAK) BUT SHOULD NOT WRITE BDS (PAK) WITH HIS/HER NAME IN ANY FORM.
2. HOLDER OF THIS LICENSE WILL UNDERGO ONE YEAR HOUSE JOB AND QUALIFY THE NRE PRIOR TO GRANT OF FULL LICENSE.

It is hereby certified that the above is a true copy of the entries in the Register of Dental Practitioners. He/She is authorized to practice Basic Dentistry, under supervision.

IMPORTANT NOTICE
1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

Appendix -03

3. PM&DC Form – 03 (Full License – Pak National with Pakistan Basic Degree)

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR FULL LICENSE

(Pakistan Nationals having Pakistan Basic Degree)

Following Documents are required for this application:

1. Degree Issued by University & Duly Attested by Principal
2. House Job Certificate issued by Institute duly signed by Head of Institution and countersigned by Principal of the concerned Medical/Dental College.
3. Mandatory Condition of House Job Certificate being Countersigned by Principal does not apply to those Recognized Hospitals which have no Affiliation to any Medical/Dental Colleges.

Note:

1. Foreign Nationals are not eligible for Full License.
2. Foreign Nationals having Pakistani Basic Degree can only apply for Extension of Provisional License after expiration of their Provisional License with valid reason.
3. After provisional registration, clinical work or resident training of one year duration from abroad/foreign is also acceptable for full registration provided that the foreign house job is acceptable by the foreign regulator of respective country.

APPLICATION FOR FULL LICENSE

(Pakistan Nationals having Pakistan Basic Degree)

Personal Information

PMDC Registration No. *	10304-S
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Date of Birth *	2015-04-07
Gender *	MALE

Mailing Address

Address *	HOUSE NO, STREET NO, TOWN/SECTOR
City *	E.G. ISLAMABAD, CAIRO, ROME
Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	

Permanent Address *	ENTER PERMANENT ADDRESS
Province/District *	ENTER PROVINCE/DISTRICT
Mobile *	123
Email *	RECEPTION@PMC.GOV.PK
Name of House Job Institution *	ENTER HOUSE JOB INSTITUTION
Official Email of House Job Institution (Incase of Foreign House job)	ENTER OFFICIAL EMAIL ADDRESS OF HOUSE JOB INSTITUTION

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Degree Issued by University & Duly Attested by Principal *

Attach File

Upload House Job Certificate issued by Institute duly signed by Head of Institution and countersigned by Principal of the concerned Medical/Dental College *

Mandatory Condition of House Job Certificate being Countersigned by Principal does not apply to those Recognized Hospitals which have no Affiliation to any Medical/Dental Colleges.

Attach File

Upload Previously Issued Provisional Registration Certificate

Attach File

Fee

Fee for Full License (Valid for 2 Years only)	**Rs. 4,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT MEDICAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common medical ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT DENTAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common dental ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

4. PM&DC Form – 03A (Full License – Pak National with Foreign Basic Degree)

APPLICATION FOR FULL LICENSE

(FOR PAKISTANI NATIONALS HAVING FOREIGN BASIC DEGREE)

Following Documents are required for this application:

1. Degree Issued by Foreign University (English Translation)
2. House Job Certificate issued by Institute duly signed by Head of Institution and countersigned by Principal of the concerned Medical/Dental College.
3. Mandatory Condition of House Job Certificate being Countersigned by Principal does not apply to those Recognized Hospitals which have no Affiliation to any Medical/Dental Colleges.
4. NEB Step III Passed/NLE Qualified/NRE Qualified

Note:

1. After provisional registration, clinical work or resident training of one year duration from abroad/foreign is also acceptable for full registration provided that the foreign house job is acceptable by the foreign regulator of respective country.

APPLICATION FOR FULL LICENSE

(FOR PAKISTANI NATIONALS HAVING FOREIGN BASIC DEGREE)

Personal Information

PMDC Registration No. *	10304-S
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Date of Birth *	2015-04-17

Gender *

MALE

Mailing Address

Address *

HOUSE NO, STREET NO, TOWN/SECTOR

City *

E.G. ISLAMABAD, CAIRO, ROME

Country *

SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Permanent Address *

ENTER PERMANENT ADDRESS

Province/District *

ENTER PROVINCE/DISTRICT

Mobile *

123

Email *

RECEPTION@PMC.GOV.PK

NEB Step III Passed/NLE Qualified/NRE Qualified Roll Number *

ENTER NEB STEP III/NLE/NRE ROLL NO.

Name of House Job Institution *

ENTER HOUSE JOB INSTITUTION

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Degree Issued by Foreign University with English Translation *

Attach File

Upload House Job Certificate issued by Institute duly signed by Head of Institution and countersigned by Principal of the concerned Medical/Dental College *

Mandatory Condition of House Job Certificate being Countersigned by Principal does not apply to those Recognized Hospitals which have no Affiliation to any Medical/Dental Colleges.

Attach File

Upload Previously Issued Provisional Registration Certificate *

Attach File

NEB Step III Passed Result/NLE Qualified result/NRE Qualified result. *

Attach File

Fee

Fee for Full License (Valid for 2 Years only)	**Rs. 5,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL
G-10/4, Mauve Area, Islamabad
www.pmdc.pk

CERTIFICATE OF PERMANENT MEDICAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	Institute/University	Year

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common medical ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE
1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT DENTAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common dental ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

Appendix – 05

5. PM&DC Form – 04 (Full License – with Foreign Postgraduate Qualification)

APPLICATION FOR FULL LICENSE

(WITH FOREIGN POSTGRADUATE QUALIFICATION)

Click Here to download your consent form

Following Documents are required for this application:

1. Consent Form
2. Foreign License (With English Translation)
3. Foreign Degree (With English Translation)
4. Postgraduate Qualification Awarded (With English Translation)
5. Foreign House Job Certificate issued by the Institute with English Translation (if any)
6. Certificate of Good Standing from Foreign Regulator to whom the doctor is registered.

Note:

1. Only Pakistani Nationals having obtained foreign Postgraduate are eligible to apply on this form.
2. Applicant undergraduate medical or dental qualification issued by foreign university/institution to be duly recognized by the Council.
3. Foreign graduates from such medical/dental institution which is recognized in the countries of their respective location shall be eligible for full registration subject to condition of had obtained standard postgraduate qualification such as MRCP, FRCS or Fellow of American Board which is recognized as registerable by the Council.
4. You must submit a consent form with every application

APPLICATION FOR FULL LICENSE

(WITH FOREIGN POSTGRADUATE QUALIFICATION)

Click Here to download your consent form

Personal Information

Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Date of Birth *	2015-06-27
Gender *	MALE
Province/District *	ENTER PROVINCE/DISTRICT

Mailing Address

Address *	HOUSE NO, STREET NO, TOWN/SECTOR

Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	
Permanent Address *	ENTER PERMANENT ADDRESS
Mobile *	ENTER MOBILE NUMBER
Email *	ENTER EMAIL
Undergraduate Qualification *	MEDICAL
Country of Graduation *	
Institution of Graduation *	
Official Email of Institute *	ENTER EMAIL OF INSTITUTION
Degree Title *	
Foreign License Number *	ENTER FOREIGN LICENSE NUMBER
Validity Of License *	YYYY-MM-DD
Licensing Foreign Authority *	ENTER LICENSING FOREIGN AUTHORITY

Postgraduate Awarding Entity Country *

Postgraduate Awarding Entity * SELECT POSTGRADUATE INSTITUTION

Official Email of Awarding Entity Institute * ENTER EMAIL

Postgraduate Qualification * SELECT POSTGRADUATE QUALIFICATION

Postgraduate Awarding Entity Year SELECT POSTGRADUATE AWARDING ENTITY YEAR

Foreign House Job Institution Country SELECT COUNTRY

Foreign House Job Institution ENTER FOREIGN HOUSE JOB INSTITUTION

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload ID Card/Passport *

Attach File

Consent Form * Download

Attach File

Upload Foreign License (With English Translation) *

Attach File

Upload Certificate of Good Standing from Foreign Regulator to whom the doctor is registered.*

Attach File

Upload Foreign Undergraduate Degree* (With English Translation) *

Attach File

Upload Foreign Undergraduate Degree* (With English Translation) *

Attach File

Upload Postgraduate/Alternative Qualification Awarded (With English Translation) *

Attach File

Upload Foreign House Job/Training Letter issued by the Institute with English Translation (if any)

Attach File

Fee

Fee for Full License (Valid for 2 Years only)	**Rs. 5,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT MEDICAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common medical ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT DENTAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common dental ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

6. PM&DC Form – 05 (Temporary License)

APPLICATION FOR TEMPORARY LICENSE

(FOR FOREIGNERS HAVING FOREIGN DEGREE)

Click Here to download your consent form

Following Documents are required for this application:

1. Consent Form
2. Foreign Active License of Applicant (With English Translation)
3. Letter from Sponsoring Institution/Training Hospital mentioning training start and end dates.
4. Evidence of Applicant's Foreign Postgraduate Qualification recognition by Health Authority of that country with English Translation (if any)

Note:

1. You must submit a consent form with every application

APPLICATION FOR TEMPORARY LICENSE

(FOR FOREIGNERS HAVING FOREIGN DEGREE)

Click Here to download your consent form

Personal Information

Name *

ENTER NAME

Father Name *

ENTER FATHER NAME

Nationality *

SELECT NATIONALITY

Passport No. *

ENTER PASSPORT

Date of Birth *

YYYY-MM-DD

Gender *

MALE

Mailing Address

Address *

HOUSE NO, STREET NO, TOWN/SECTOR

Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	
Permanent Address *	ENTER PERMANENT ADDRESS
Mobile *	ENTER MOBILE NUMBER
Email *	ENTER EMAIL
Qualification *	MEDICAL
Country of Licensing Authority *	SELECT COUNTRY
Name of Licensing Authority *	ENTER LICENSING AUTHORITY NAME
Foreign License Number *	ENTER FOREIGN LICENSE NUMBER
Purpose of Temporary License *	UNDERTAKING TRAINING (FOR 01 YEAR)

Postgraduate Awarding Entity Country	SELECT COUNTRY
Postgraduate Awarding Entity	SELECT INSTITUTION

Your Application will be processed after the Assessment of your Qualification/Institution, the Expected Resolution Time period is 3 Months

Postgraduate Awarding Entity (Name)	ENTER POSTGRADUATE AWARDING ENTITY NAME
Postgraduate Qualification (Name)	ENTER POSTGRADUATE QUALIFICATION NAME
Postgraduate Qualification	
Name of Sponsoring Institution *	ENTER SPONSORING INSTITUTION
Contact Person At Institution *	ENTER NAME OF CONTACT PERSON
Contact Number of Person at Institution *	ENTER CONTACT NUMBER OF PERSON AT INSTITUTION
Address Of Sponsoring Institution *	ENTER ADDRESS OF SPONSORING INSTITUTION
Date on Which License Required *	YYYY-MM-DD

Period Of License *

1 YEAR

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Consent Form * Download

Attach File

Upload Active Foreign License of Applicant (With English Translation) *

Attach File

Upload Letter from Sponsoring Institution *

Attach File

Upload Evidence of Applicant's Post Graduate Qualifications with English Translation (if any)

Attach File

Upload Previously Issued Temporary License (if any)

Attach File

Fee

Processing Fee (One Time)	**Rs. 5,000/-**
License Fee (Rs. 2000)	**Rs. 2,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF TEMPORARY REGISTRATION FOR FOREIGNERS WITH FOREIGN MEDICAL QUALIFICATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

Remarks

1. FOR THE PURPOSE OF ……

2. NOT VALID FOR PRIVATE PRACTICE IN PAKISTAN.

It is hereby certified that the above is a true copy of the entries in the Register of Medical Practitioners in respect of medical practitioner specified therein.

IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF TEMPORARY REGISTRATION FOR FOREIGNERS WITH FOREIGN DENTAL QUALIFICATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

Remarks

1. FOR THE PURPOSE OF ……

2. NOT VALID FOR PRIVATE PRACTICE IN PAKISTAN.

It is hereby certified that the above is a true copy of the entries in the Register of Dental Practitioners in respect of dental practitioner specified therein.

IMPORTANT NOTICE

1. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

Appendix – 07

7. PM&DC Form – 06 (Renewal of Full License)

APPLICATION FOR RENEWAL OF FULL LICENSE

Your Renewal Certificate will be issued as per the data on the Previous Certificate.

Personal Information

PMDC Registration No. *	10304-S
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Date of Birth *	2015-04-07

Mailing Address

Address *	HOUSE NO, STREET NO, TOWN/SECTOR
City *	ISLAMABAD, PESHAWAR, LAHORE, KARACHI ETC.
Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	

Mobile *

123

Email *

RECEPTION@PMC.GOV.PK

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload scanned copy of Previously issued license certificate. *

Attach File

Upload scanned copy of all registered Basic and Postgraduate qualifications, if any.

Attach File

Upload scanned copy of all registered Basic and Postgraduate qualifications, if any.

Attach File

Upload scanned copy of CNIC. *

Attach File

Fee

Renewal Fee (5 Years)	**Rs. 10,000/-**
Late Fee	**Rs. 0/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT MEDICAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common medical ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF PERMANENT DENTAL REGISTRATION

Registration Number :
CNIC/Passport :
Name :
Father Name :
Present Address :
Contact Number :
Permanent Address :
Registration Date : **Valid Upto :**

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the Permanent license holder is authorized to treat all ordinarily recognized common dental ailments and as permissible under section 42 of the Pakistan Medical & Dental Council Act 2022. The license holder shall not represent himself/herself as a specialist/consultant or practice as a specialist until his/her postgraduate qualification in the relevant field is registered by the Council.

IMPORTANT NOTICE

1. A copy of this certificate has to be displayed prominently in the place of practice.
2. The issuing Authority reserve the right to recall, correct or cancel this License.

REGISTRAR

Appendix – 08

8. PM&DC Form – 07 (Extension of Provisional License)

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR EXTENSION OF PROVISIONAL LICENSE

Following Documents are required for this application:

1. Certificate from House Job awarding Institution certifying that House Job is still in progress with date of start and expected date of completion.
2. Purpose Letter from Concerned Authority for Extension of Provisional License (For Foreign Nationals having Pakistani Basic Degree)

Note:

1. A provisional license shall only be extended if the house job has not been completed, duly certified by the house job awarding institution. The extension will expire on completion of house job.
2. Extension must be obtained within 30 days prior to expiry of Provisional License, or thereafter
3. Maximum duration of extension will be ONE YEAR ONLY.
4. Foreign Nationals having Pakistani Basic Degree are able to extend their Provisional License on provision of PROOF & Valid Reason.

APPLICATION FOR EXTENSION OF PROVISIONAL LICENSE

Personal Information

PMDC Registration No. *
10304-S
Please enter your PMDC Registration No.

Name *
PMC

Father Name *
PMC

Nationality *
SELECT NATIONALITY

CNIC
ENTER CNIC

CNIC Date of Issuance
YYYY-MM-DD

Passport No. (If Foreign National)
ENTER PASSPORT

Date of Birth *
2015-04-07

Mailing Address

Complete Address *
HOUSE NO, STREET NO, TOWN/SECTOR

City *
E.G. ISLAMABAD, CAIRO, ROME

Country *
SELECT COUNTRY

Preview
(Please ensure your Mailing Address is in the correct format)

Mobile *

123

Email *

RECEPTION@PMC.GOV.PK

Attachments

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Certificate from House Job awarding Institution certifying that House Job is still in progress, with start date and expected date of completion. *

Attach File

Upload Purpose Letter from Concerned Authority for Extension of Provisional License (For Foreign Nationals having Pakistani Basic Degree).

Attach File

Fee

Fee for Extension	**Rs. 1,000/-**

Appendix – 09

9. PM&DC Form – 08 (Any Change in Data/License)

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR CHANGE IN DATA / LICENSE

Following Documents are required for this application:

1. Copy of Nikah Nama/Affidavit for Change of Name after Marriage.
2. Copy of Transcript/Degree/Provisional License to be attached for change in Graduating Year/Institute name/University name/Qualification title
3. Copy of Specialization degree to be attached for change in PG qualification title/year

Note:

1. Change of name, father name and permanent address shall only be permissible if verified from CNIC or Passport (if Foreign National) and educational document (Degree).
2. Please ensure you have a valid PMDC License before applying

APPLICATION FOR CHANGE IN DATA / LICENSE

Personal Information

PMDC Registration No. * 9996-P VALIDATE

Name (New/Correction) SHOUKAT ALI

Father Name (New/Correction) GHULAM RASUL

Nationality * SELECT NATIONALITY

CNIC ENTER CNIC

CNIC Date of Issuance YYYY-MM-DD

Passport No. (If Foreign National) ENTER PASSPORT

Date of Birth * YYYY-MM-DD

Mailing Address

Address * HOUSE NO, STREET NO, TOWN/SECTOR

City * E.G. ISLAMABAD, CAIRO, ROME

Country * SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Permanent Address As per CNIC (New/Correction) ENTER PERMANENT ADDRESS

Mobile No. * ENTER MOBILE NUMBER

Email * ENTER EMAIL

Removal of Remarks

Additional Comments *

Qualifications

	Institution	Degree	Speciality	Passing Year
1	University of the Punjab	MBBS		1984
Edit Qualification				

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload copy of CNIC

Attach File

Upload House Job joining date letter from hospital duly signed by hospital M.S., plus copy of Transcript/Mark sheet of University/Institute (for change of Date of Registration)

Attach File

Upload Copy of Transcript/Degree/Provisional License to be attached for change in Graduating Year/Institute name/University name/Qualification title

Attach File

Copy of Specialization degree to be attached for change in PG qualification title/year

Attach File

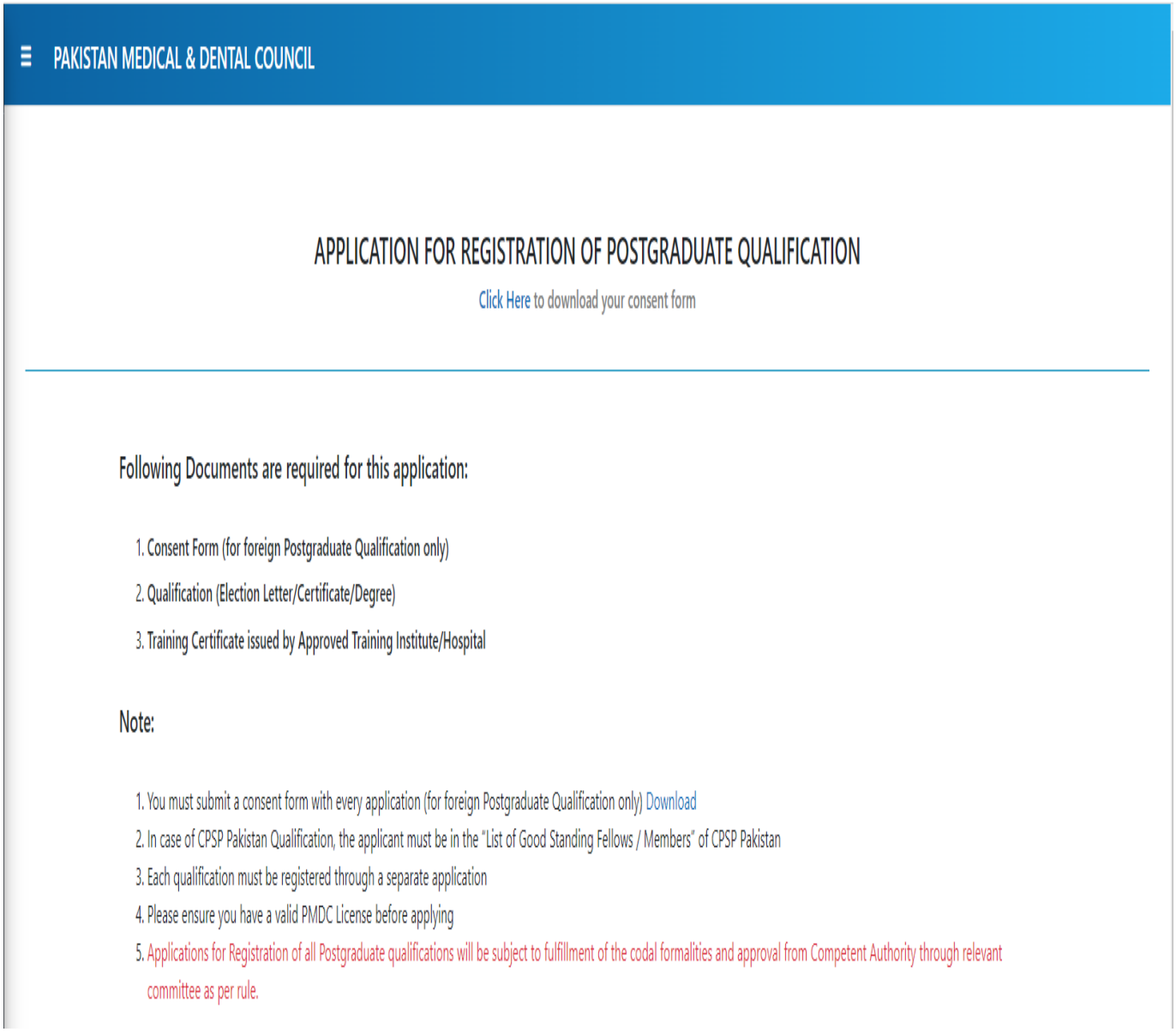
Fee

Change in Data / License Fee	**Rs. 2,000/-**

Proceed to Payment

Appendix – 10

10. PM&DC Form – 09 (Registration of Postgraduate Qualification)



PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR REGISTRATION OF POSTGRADUATE QUALIFICATION

Click Here to download your consent form

Following Documents are required for this application:

1. Consent Form (for foreign Postgraduate Qualification only)
2. Qualification (Election Letter/Certificate/Degree)
3. Training Certificate issued by Approved Training Institute/Hospital

Note:

1. You must submit a consent form with every application (for foreign Postgraduate Qualification only) Download
2. In case of CPSP Pakistan Qualification, the applicant must be in the "List of Good Standing Fellows / Members" of CPSP Pakistan
3. Each qualification must be registered through a separate application
4. Please ensure you have a valid PMDC License before applying
5. Applications for Registration of all Postgraduate qualifications will be subject to fulfillment of the codal formalities and approval from Competent Authority through relevant committee as per rule.

APPLICATION FOR REGISTRATION OF POSTGRADUATE QUALIFICATION

Click Here to download your consent form

Personal Information

PMDC Registration No. *	10304-S
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Passport No. (If Foreign National)	ENTER PASSPORT
Date of Birth *	2015-04-07

Mailing Address

Address *	HOUSE NO, STREET NO, TOWN/SECTOR
City *	ISLAMABAD, PESHAWAR, LAHORE, KARACHI ETC.
Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	

Mobile *	123
Email *	RECEPTION@PMC.GOV.PK
Qualification *	MEDICAL
Postgraduate Awarding Entity Country *	
Postgraduate Awarding Entity *	SELECT POSTGRADUATE INSTITUTION
Postgraduate Qualification *	SELECT POSTGRADUATE QUALIFICATION
Period Of Training Program *	0 YEARS 0 MONTHS
Passing Date as Mentioned on Final Year DMC *	YYYY-MM-DD
Address Of Granting Institution *	ENTER ADDRESS OF GRANTING INSTITUTION
Mode of Study *	FULL TIME
Email of Institution *	ENTER EMAIL OF INSTITUTION

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Consent Form (for foreign Postgraduate Qualification only) Download

Attach File

Upload Qualification (Election Letter/Certificate/Degree) *

Attach File

Upload CNIC *

Attach File

Upload Foreign Qualification with English Translation *

Attach File

Upload Final Year DMC issued by the University *

Attach File

Upload Final Year DMC issued by the University *

Attach File

Upload Transcript Issued by the University *

Attach File

Fee

For Local PG Qualification	**Rs. 3,000/-**
For Foreign PG Qualification	**Rs. 6,000/-**

Proceed to Payment

11. PM&DC Form – 11 (Good Standing)

PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Following Documents are required for this application:

1. Copy of proof/letter for demand of Good Standing Certificate from Regulator.

Note:

1. Please ensure your license is valid for more than 3 months, otherwise your application will be rejected
2. Please ensure not to pay any international postal charges in case of issuance of CGS to Dubai Health Authority (DHA), ECFMG and GMC as they require soft copy only. For other regulators, international courier charges apply
3. Good Standing Certificate will be issued only after six months of the date of initial registration.

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Personal Information

PMDC Registration No. *	10304-S
Name *	PMC
Father Name *	PMC
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Passport No. (If Foreign National)	ENTER PASSPORT
Date of Birth *	2015-04-07

Mailing Address

Address *	HOUSE NO, STREET NO, TOWN/SECTOR
Country *	SELECT COUNTRY
Preview (Please ensure your Mailing Address is in the correct format)	

Mobile *

123

Email *

RECEPTION@PMC.GOV.PK

Country/Regulator For Which Certificate Is Required *

ENTER COUNTRY/REGULATOR

Address of Foreign Regulator *

ENTER ADDRESS OF FOREIGN REGULATOR

Email of Foreign Regulator *

ENTER EMAIL OF FOREIGN REGULATOR

Courier To Foreign Regulator Directly From PMDC * ○ No ○ Yes

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Scanned Copy of proof/letter for demand of Good Standing Certificate from Regulator. *

Attach File

Fee

Certificate of Good Standing (Valid for six months only) and Verification	**Rs. 5,000/-**

Proceed to Payment

PAKISTAN MEDICAL & DENTAL COUNCIL

G-10/4, Mauve Area, Islamabad

www.pmdc.pk

CERTIFICATE OF GOOD STANDING

Registration Number	:		
CNIC/Passport	:		
Name	:		
Father Name	:		
Present Address	:		
Contact Number	:		
Date of Birth	:		
Registration Type	:		
Permanent Address	:		
Registration Date	:	**Valid Upto**	:
Date of Issuance of CGS	:	**Date of Expiry of CGS**	:

Qualification	**Institute/University**	**Year**

****

It is hereby certified that the above is a true copy of the entry in the Register relating to the registered practitioner named above. It is further Certified that no disciplinary proceedings under the Pakistan Medical & Dental Council Act 2022, and the Code of Ethics of practice for Medical and Dental Practitioners approved by the Council have been finalized or are in progress against the practitioner named above. He/She has never been found guilty of any professional negligence or misconduct by the Disciplinary Committee of the Council.

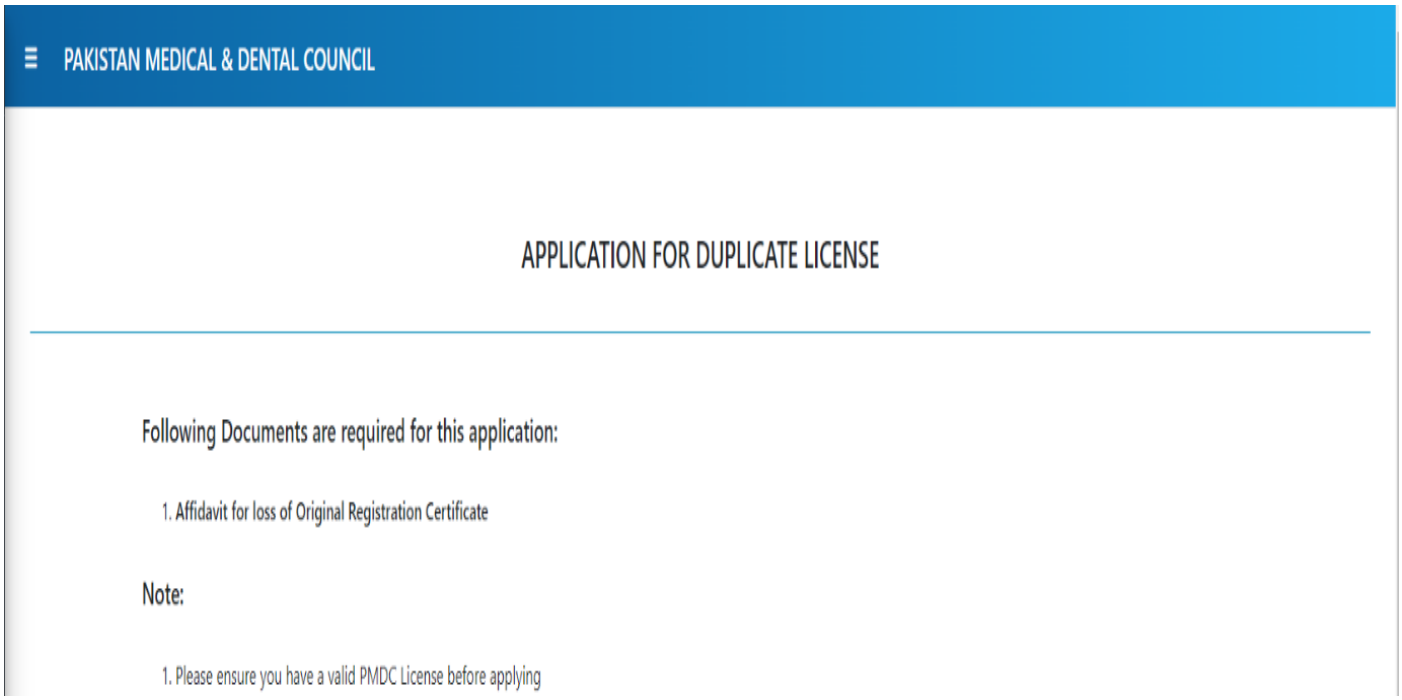
IMPORTANT NOTICE

1. This certificate is valid upto a maximum of six month from the date of issue and conforms to the IAMRA requirements.

REGISTRAR

Appendix – 12

12. PM&DC Form – 13 (Duplicate License)



PAKISTAN MEDICAL & DENTAL COUNCIL

APPLICATION FOR DUPLICATE LICENSE

Following Documents are required for this application:

1. Affidavit for loss of Original Registration Certificate

Note:

1. Please ensure you have a valid PMDC License before applying

Mobile *

123

Email *

RECEPTION@PMC.GOV.PK

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Affidavit for loss of Original Registration Certificate *

- Click here to view Specimen of Affidavit on Stamp Paper for loss of Registration Certificate

Attach File

Fee

Duplicate License Fee **Rs. 2,000/-**

Proceed to Payment

City *

E.G. ISLAMABAD, CAIRO, ROME

Country *

SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Appendix – 13

13. PM&DC Form – 14 (Restoration of Deleted Basic Postgraduate Qualification)

APPLICATION FOR RESTORATION OF DELETED BASIC POSTGRADUATE QUALIFICATION

Following Documents are required for this application:

1. Scanned copy of your PMDC's Issued Certificate
2. Previous Certitificate With Deleted Basic Postgraduate Qualifications
3. Scanned Copy of Deleted Basic Postgraduate Degrees

Note:

1. The Doctor at the time of intimating their restoration of qualification request must have a valid license
2. Only recognized qualifcations will be restored as per policy.
3. Only courier fee will be charged for international shipments.

Continue

APPLICATION FOR RESTORATION OF DELETED BASIC POSTGRADUATE QUALIFICATION

Personal Information

PMDC Registration No. *	14326-P VALIDATE
Name	GHAZALA KAMAL
Father Name	MUHAMMAD KAMAL
Nationality *	SELECT NATIONALITY
CNIC	ENTER CNIC
CNIC Date of Issuance	YYYY-MM-DD
Passport No. (If Foreign National)	ENTER PASSPORT
Date of Birth *	YYYY-MM-DD

Mailing Address

Address *

HOUSE NO, STREET NO, TOWN/SECTOR

Country *

SELECT COUNTRY

Preview

(Please ensure your Mailing Address is in the correct format)

Mobile No. *

ENTER MOBILE NUMBER

Email *

ENTER EMAIL

Additional Comments

Qualifications

	Institution	Degree	Speciality	Passing Year

Qualifications

	Institution	Degree	Speciality	Passing Year
1	Bahauddin Zakariya University	MBBS		1986
2	Bahauddin Zakariya University	Diploma in Obstetrics & Gynaecology		1990

Attachments

- Please ensure your attachments are readable and are of good quality print
- File size limit for each attachment is 5 MB
- Accepted file types: jpeg, png and pdf only

Upload Picture *

- Please attach a clear front face photograph in jpeg or png format
- Must be a Passport size photograph with blue or white background (2 x 2 inches)

Attach File

Upload Current PMDC's Issued Certitificate *

Attach File

Upload Previous Certitificate With Deleted Basic Postgraduate Qualifications *

Attach File

Scanned Copy of Deleted Basic Postgraduate Degrees *

Attach File

Fee

Certificate Fee	**Rs. 0/-**

Appendix – 14

P.G.S.R. FORM

Pakistan Medical & Dental Council

POSTGRADUATE STUDENT REGISTRATION FORM

(PRINT IN CAPITAL LETTERS) DATE OF APPLICATION: _____

Title of Intended Qualification _____

Specialty / Subspecialty _____

TRAINING INSTITUTE	DURATION OF TRAINING

NAME OF INSTITUTE/UNIVERSITY AWARDING QUALIFICATION _____

DATE OF JOINING TRAINING/PROGRAMME _____ **DATE OF JOINING INSTITUTE** _____

Personal Data

NAME _____

FATHER'S NAME _____

PASTE COLOUR PHOTO 1" x 1"

NATIONAL IDENTIFICATION CARD NO _____ – _____ – _____

PM&DC Registration No. _____ **Gender** F ☐ M ☐

MAILING ADDRESS (Residential Only) _____

TEL OFF _____ **TEL RES** _____

MOBILE _____ **FAX** _____ **E-MAIL** _____

SIGNATURE OF STUDENT _____

FOR THE USE OF THE OFFICE OF THE PRINCIPAL/DEAN/HEAD OF TRAINING DEPT.

The above particulars of the applicant are certified to be correct and it is further certified that programme of _____ with postgraduate training at _____ is approved by the PM&DC.

SEAL AND SIGNATURE OF PRINCIPAL/DEAN/HEAD OF TRAINING DEPT.

MAUVE AREA, G-10/4, ISLAMABAD.
UAN: 111-321-786 ; Phone: (092)(51) 9266004 ; Fax: (092)(51) 9266427 ; E-mail: pmdcsec@isb.paknet.com.pk ; pmdc@pmdc.org.pk

Photocopy of this form on blue paper is acceptable

Appendix – 15

Death Verification Form

It is certified that Dr._____

S/O_____ has expired on _____

Name_____

PM&DC Reg No _____

C.N.I.C _____

Address _____

_____

Phone /Mobile No _____

Relation to the deceased doctor _____

Signature _____

Date _____