

PAKISTAN MEDICAL & DENTAL COUNCIL

TEL: 051-9106171 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

The Registrar
Pakistan Medical & Dental Council,
Islamabad



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

PM&DC FORM-IX

For

APPLICATION FOR TEMPORARY REGISTRATION

(For Less than One Year)

1. Name _____ Sex _____
2. Father's/Husband's Name _____
3. Date of Birth _____ Passport No. _____
4. (i) Present Nationality _____
(ii) Previous, if any (in case of foreign nationals, the purpose for which visa for entry into Pakistan was granted and the intended period of stay in Pakistan may please be stated).
5. Address Present _____

Permanent _____

6. Purpose for temporary registration
i. Postgraduate study
ii. Teaching
iii. Demonstration of skill to peers
iv. Institutional services for less than one year

7. **BASIC MEDICAL/DENTAL QUALIFICATION**

Basic Medical / Dental Qualification
(indicate title of the degree or diploma
like M.B.B.S, M.B.Ch.B; MD/BDS

Mark "X" in relevant Box

8. Detail of professional experience:

Abroad	Pakistan

9. Present Occupation _____

10. Required Documents:

	For Applicant	For Office
1. Four passport size photographs attested by the relevant Embassy	<input type="checkbox"/>	<input type="checkbox"/>
2. Four Photostat copies of degree/degrees attested by the relevant embassy	<input type="checkbox"/>	<input type="checkbox"/>
3. One attested Photostat copy of first 4 pages of passport attested by the relevant embassy	<input type="checkbox"/>	<input type="checkbox"/>
4. Proof of registration with the registering / licensing body in any country attested by the relevant embassy	<input type="checkbox"/>	<input type="checkbox"/>
5. Acceptance & recommendation letter by Pakistani Organization	<input type="checkbox"/>	<input type="checkbox"/>
6. Fee Rs.10000/- for temporary registration.	<input type="checkbox"/>	<input type="checkbox"/>

Note: All documents can be randomly verified on its own by the PM&DC at any time and if the above documents are not complete in all respect then an application shall not be further proceed.

I undertake to inform the Registrar, Pakistan Medical & Dental Council of any change of address of residence and this temporary registration is for the specific purpose for which issued and I understand that it cannot be used for any other purpose

Signature of applicant _____

Name: _____

Date: _____ Ph: _____

Forwarded & attested by the relevant Embassy:

Signature: _____

Name of Official: _____

Designation: _____

FOR OFFICE USE ONLY

REGISTRATION SECTION

- A. Applicant is Dr. _____ having passport No. _____ who passed the basic medical/dental qualification of _____ from _____ University of _____ Country _____ in the year _____
- B. Prescribed fee has been received & credited vide receipt _____ No. _____ dated _____
- C. Registration certificate No. _____ issued on _____ Valid up to _____

Assistant

Superintendent

Assistant/Deputy Registrar