

PM&DC-FORM-V

APPENDIX-14

REQUEST FOR CERTIFICATE OF GOOD STANDING

TEL: 051-9106151-54 Fax No.051-9106159

Website: www.pmdc.org.pk E-mail: pmdc@pmdc.org.pk credentialing@pmdc.org.pk
These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

Registration Number

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



The Registrar
Pakistan Medical & Dental Council
G-10-/4, Mauve Area, Islamabad.

Date of birth _____
Gender _____
Nationality _____

Subject: **CERTIFICATE OF GOOD STANDING.**

Dear Sir,

It is requested that a Certificate of Good Standing may please be issued in my name. I am enclosing following documents:-

(If the following documents are not attached with this application then it shall not be processed and shall be returned unactioned in original).

Check List:

1. Duly attested copy of the proof/letter for demand of Good Standing Certificate to ascertain purpose OR an affidavit explaining the reason for attaining Certificate of Good Standing, on stamp paper of minimum Rs.10/- as per specimen given in instructions.
2. Copy of MBBS/BDS degree duly attested (mandatory requirement if not submitted earlier).
3. Where applicable copy of transcript certificate /detailed mark sheet of MBBS/BDS. (duly attested).
4. Copy of valid PM&DC registration Certificate duly attested. (See instruction 3).
5. Two passport size photographs duly attested with white background and both ears are visible.
6. Copy of NADRA National I.D Card.
7. A bank draft/pay order of Rs. _____ No. _____ Dated _____
Name of issuing branch _____

Yes/ No

(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.

Good Standing Fee and Verification Fee	Urgent fee	Courier charges	Total amount
Rs.4000/-			

- *Note:-**
1. Good Standing Certificate will be issued only after 6 months of the date of registration
 2. For attestation see instructions.
 3. If there is any access payment lying with PM&DC in any form, it cannot be utilized towards renewal of registration. However, it can be refunded at applicant's request.

Fill in with block letters

(1) Name with Father's Name and designation	(2) Reg. No. and valid upto	(3) Qualifications already registered	(4) For Provision to (Country/regulatory body with complete address)	(5) To be mailed at
				(same as column 4 or as below)

***Note:-** 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 with in 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 _____
Tel: _____ E-mail: _____ Date _____

(For office use only)

Received Rs. _____ (Rupees _____) vide receipt No. _____ dated _____

Registration renewed on this day of _____ & valid upto _____ I/D Card issued/Not issued

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

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CERTIFICATE OF GOOD STANDING

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INSTRUCTIONS

- i. If the required documents are not attested and attached with this application then it shall not be processed and shall be returned to you unactioned in original.
- ii. The Good Standing Certificate is valid for maximum of six months only. If you are required to submit your experience certificate along with Good Standing Certificate to a foreign agency for registration, you are advised in your own interest to ensure that you have obtained the experience certificate from the Council. Experience certificate is issued after verification from the originator, which may take considerable time, in case of foreign experience; the applicant may have to wait for 5 – 6 months or more.
- iii. All doctors are advised to send their application for Good Standing Certificate by registered post to the Registrar Pakistan Medical & Dental Council, G-10/4 Mauve Area, Islamabad and their Good Standing Certificate will be dispatched to them under registered cover within a month, from the date of receipt of application. Those doctors coming personally to get their Good Standing Certificate urgently are advised to remit an urgent fee of Rs.1000/- by bank draft/pay order and deposit their documents before 10:00 AM. If a Certificate is required by courier service charges may be added in addition to urgent fee-
- iv. Attestation must be done by the Principal or Professor/Associate Professor of any medical/dental college in Pakistan or abroad and by medical superintendent of district headquarters hospital (level) or by the district health officer or by an authorized officer of Pakistan embassy abroad.
- v. Fee Schedule For Good Standing Certificate:

Fee for Good standing Certificate and Verification Fee	Rs.4000/-
Urgent Fee	Rs.1000/-
Courier Fee (with in Pakistan)	Rs.100/-
(out side Pakistan)	DHL rates

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.

**SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS.10/-
FOR ISSUANCE OF GOOD STANDING CERTIFICATE**

I, Dr. _____ Son/Daughter of _____ Registration No. _____
Permanent address _____ Now residing at _____ do hereby solemnly affirm and
declare on oath that I am registered with Pakistan Medical & Dental Council at the above No. and am
proceeding to (country name) and need Good Standing Certificate for the purpose of _____ for
submission to _____. I further declare that Good Standing Certificate will not be used for other
purpose than specified in this affidavit/application.

The above statement is correct to the best of my knowledge and belief and nothing has been concealed
or suppressed by me in this behalf.

Signature and Seal of the Court

Deponent