

PAKISTAN MEDICAL AND DENTAL COUNCIL
Mauve Area, G-10/4, Islamabad



J-FORM

(To be filled by the Journal editor)

JOURNAL STATUS	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL
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BASIC JOURNAL INFORMATION

Journal Title *			
Journal URL:			
Editor (attach CV)	Name		
	Designation/Affiliation		
Editorial Board Members (number)	National _____	International _____	
Journal Office	Name: _____	Designation: _____	
Address	Address _____		
	Ph No: _____	Fax No: _____	Email: _____

PUBLICATION DETAILS

Type of Journal	<input type="checkbox"/> Specialty Journal	<input type="checkbox"/> Composite
Journal Affiliation	<input type="checkbox"/> University	<input type="checkbox"/> Institute
	<input type="checkbox"/> Professional Society	<input type="checkbox"/> Private
Publication Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly
	<input type="checkbox"/> Bi-annual	<input type="checkbox"/> Others
Press Declaration Dates	Year: _____ Month: _____	ISSN (P) No: _____ ISSN(E) No: _____
Date of Volume 1 Publication	Year: _____ Month: _____	No of ISSUES published during LAST YEAR _____
Current Issue Available	Vol. No. _____	Issue No. _____ Year: _____