



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

Attach two recent
photographs
here.

APPLICATION FOR DUPLICATE CERTIFICATE/LICENSE ANY CHANGE (NAME/ADDRESS)

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

✓ TICK THE RELEVANT BOX (ALL SECTIONS ARE MANDATORY)

Student Registration Provisional Full/Permanent

Change in Name Change in Address

NAME:																					
FATHER NAME:																					
DATE OF BIRTH:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y														
PMC STUDENT REGISTRATION NO (if Any)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
PMC or PMDC REGISTRATION NO (if Any)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
VALIDITY OF LICENSE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y														
NATIONALITY:																					
CNIC:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
PASSPORT NO: (FOREIGN NATIONAL)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
POSTAL ADDRESS:	_____																				
PERMANENT ADDRESS (AS PER CNIC):	_____																				

CITY:	DISTRICT:																				
PROVINCE:	COUNTRY:																				
EMAIL:	MOBILE:																				

Check List

- Copy of valid CNIC
- Two passport size color photographs
- Copy of certificate/License previously issued
- An affidavit, for duplicate (annexed with the form)

Fee

- | | |
|---|-------------|
| ➤ Fee for Duplicate Certificate/License | Rs. 2,000/- |
| ➤ Any change in Name / Address | Rs. 2,000/- |
| ➤ Courier Fee (Outside Pakistan only) | Rs. 3,000/- |

- A bank draft/pay order/Bank deposit slip of Rs _____ No. _____
Dated _____
Name of issuing Bank & Branch _____

All draft shall be made in favor of "Pakistan medical Commission"

Undertaking

I undertake to abide by the code of Medical Ethics prescribed by the PMC for registered Medical/Dental practitioners and will inform the PMC of any change of address or residence of practice within thirty days. If considered necessary, PMC may disclose any information when asked from any of my educational institution and I shall not hold PMC liable for such disclosure. I take full responsibility of authenticity of documents submitted along with this application and shall be liable for any misrepresentation. I am aware that more than one agency is involved in the verification, and considerable time may be consumed in the process.

Applicant's Signature: _____ **Date:** _____

PERSONAL AFFIDAVIT FOR LOSS OF REGISTRATION CERTIFICATE

I, _____ Son/Daughter of _____ Present address _____
_____ Permanent address _____
_____ declare oath as under:

1. That I was registered by the Pakistan Medical Commission,
Registration No

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Dated the

D	D	M	M	Y	Y	Y	Y
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2. That I have tried my best to trace out my Certificate/License but the same could not be traced till now.
3. The certificate will be returned to Pakistan Medical Commission Islamabad, if any time found/traced in future will not be misused with my concurrence.
4. The above statement is correct to the best of my knowledge and nothing has concealed or suppressed by.
5. If in the event of any misreporting or misuse of my certificate, I will be held liable under the relevant PMC laws

Applicant's Signature _____ **Date:** _____

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC

						-			-	M/D
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REGISTRATION NO:

Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____