

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 FACULTY REGISTRATION (PAKISTANI MEDICAL/ DENTAL INSTITUTIONS)

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

✓ TICK THE RELEVANT BOX

NEW FACULTY:

MIGRATION:

PROMOTION:

FACULTY REGISTRATION NUMBER (IF ANY)																				
PMC OR PM&DC LICENSE																				
VALIDITY OF PMC LICENSE																				
NAME:																				
FATHER NAME:																				
DATE OF BIRTH:																				
NATIONALITY:																				
CNIC:																				
PASSPORT NO: (FOREIGN NATIONAL)																				
POSTAL ADDRESS:																				
CITY:										DISTRICT:										
PROVINCE:										COUNTRY:										
EMAIL:										MOBILE:										
PERMANENT ADDRESS:																				

FOR NEW FACULTY/PROMOTION

QUALIFICATION	
SPECIALITY	
DEPARTMENT	
FACULTY DESIGNATION	
COLLEGE NAME	
UNIVERSITY NAME	
FOR MIGRATING FACULTY	
From:	To:

✓ Check List

- Copy of valid CNIC
- Two Passport size color photographs
- Experience certificate as per PMC Act 2020, Clause 19(5).
- Appointment Order
- Joining Report

FEE

- 1 Faculty registration (first time) 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:** _____

ENDORSEMENT:

*I do verify the contents in respect of _____ Designation
_____ and recommend this applicant for faculty Registration/Migration/Promotion.*

Head of Institute (Name): _____

Signature _____ Stamp _____ Date _____

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC

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REGISTRATION NO:

Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____