



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:

PMC or PM&DC REGISTRATION (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VALIDITY OF LICENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:										
FATHER NAME:										
DATE OF BIRTH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONALITY:										
CNIC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSPORT NO: (FOREIGN NATIONAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

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 above contents 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: _____