



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

APPLICATION FOR FULL/PERMANENT LICENSE

REGISTER OF MEDICAL / DENTAL PRACTITIONER

Attach two recent photographs here.

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

✓ TICK THE RELEVANT BOX

PAKISTANI DEGREE <input type="checkbox"/>	MEDICAL <input type="checkbox"/>
FOREIGN DEGREE <input type="checkbox"/>	DENTAL <input type="checkbox"/>
PMC REGISTRATION NUMBER: □□□□□□□□□□□□	MALE <input type="checkbox"/>
	FEMALE <input type="checkbox"/>
NAME:	
FATHER'S NAME:	
DATE OF BIRTH:	
NATIONALITY:	
CNIC:	□□□□□□□□□□□□□□□□
PASSPORT NO: (Foreign National)	
POSTAL ADDRESS: _____ _____	
CITY:	COUNTRY:
EMAIL:	MOBILE:
Permanent Address:	

HOUSE JOB INFORMATION

HOSPITAL	SPECIALTY	FROM	TO	AWARDING INSTITUTION

✓ Check List

1. Copy of valid CNIC
2. Two passport size Color photographs
3. Original License (previously issued)
4. Certificate of completion of House Job, duly attested by Head of Institute/M.S. or any authorized person of the PMC recognized Hospital where the House Job was completed.

Fee

Fee for Permanent License (02 Years only)	Rs. 2,000/-
Courier Fee (outside Pakistan only)	Rs. 3,000/-
Verification of House Job/Clinical Work done in foreign country	Rs. 6,000/-
Late fee will be charged (if renewed after the expiry of six months)	Rs. 2,000/- Per Annum (from the date of Expiry)

- 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:** _____

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC

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REGISTRATION NO:

Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____