



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 REGISTRATION OF POSTGRADUATE CLINICAL QUALIFICATION

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY



| | |
|--|---|
| PMC RECOGNIZED INSTITUTION | |
| PAKISTANI DEGREE <input type="checkbox"/> | MEDICAL <input type="checkbox"/> |
| FOREIGN DEGREE <input type="checkbox"/> | DENTAL <input type="checkbox"/> |
| TITLE OF QUALIFICATION | |
| SPECIALITY | |
| DEGREE AWARDING INSTITUTION | |
| COUNTRY | |

| | | | | | | | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PMC or PM&DC REGISTRATION | <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"/> | <input type="checkbox"/> |
| NAME: | | | | | | | | | | | |
| FATHER NAME: | | | | | | | | | | | |
| DATE OF BIRTH: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NATIONALITY: | | | | | | | | | | | |
| CNIC: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PASSPORT NO: (FOREIGN NATIONAL) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POSTAL ADDRESS: | _____ | | | | | | | | | | |
| PERMANENT ADDRESS: | _____ | | | | | | | | | | |
| CITY: | | | | | | DISTRICT: | | | | | |
| PROVINCE | | | | | | COUNTRY: | | | | | |
| EMAIL: | | | | | | MOBILE: | | | | | |

✓ Check List

1. Copy of valid CNIC
2. Two Passport size color photographs

TICK THE RELEVANT BOX (ALL SECTIONS ARE MANDATORY)

3. Original License (previously issued)
4. Copy of Training letter / Election Letter/Provisional Certificate/Degree

FEE

- | | | |
|---|--|------------|
| 1 | Addition of Clinical PG Qualification (within Pakistan) | Rs.2,000/- |
| 2 | Addition of Clinical PG Qualification (outside Pakistan) | Rs.6,000/- |
| 3 | 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"

Note: - Doctors applying from foreign countries can pay equivalent amount in foreign exchange through bank draft/ Cashier's cheque of a recognized bank payable in Pakistan in favor of "Pakistan Medical Commission "(Without mentioning account number). For further details to submit fee while being abroad kindly visit our website.

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 REGISTRATION

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| | | | | | | - | | | - | M/D |
|--|--|--|--|--|--|---|--|--|---|-----|

 NO:

Registration Date: _____ Valid Up to: _____

Scrutinized by: _____

Secretary / Authorized: _____