



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

APPLICATION FOR RETENTION OF NAME ON THE REGISTER OF MEDICAL/ DENTAL PRACTITIONERS

Attach two recent photographs here.

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC or PM&DC REGISTRATION																				
VALIDITY OF LICENSE		D	D		M	M		Y	Y	Y	Y									
NAME:																				
FATHER'S NAME:																				
DATE OF BIRTH:		D	D		M	M		Y	Y	Y	Y									
NATIONALITY:																				
CNIC:																				
PASSPORT NO: (FOREIGN NATIONAL)																				
POSTAL ADDRESS:																				
CITY:										DISTRICT:										
PROVINCE:										COUNTRY:										
EMAIL:										MOBILE:										
PERMANENT ADDRESS:																				

✓ Check List

1. Copy of valid CNIC
2. Two passport size Color photographs
3. Original License (previously issued)

FEE

- | | |
|--|---|
| 1 Basic Medical/ Dental Qualification (MBBS/BDS) only for two years | Rs.2,000/- |
| 2 MBBS/BDS with additional Postgraduate Qualification only for two years | Rs.3,000/- |
| 3 Late fee will be charged (if renewed after the expiry of six months) | Rs. 2,000/-per annum
From the date of expiry |
| 4 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 _____

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 NO:

						-			-	M/D
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Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____