



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 TEMPORARY LICENSE (FOR FOREIGN NATIONALS WITH FOREIGN QUALIFICATION / Pak Basic Qualification)

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

TICK THE RELEVANT BOX

PAKSITANI DEGREE <input type="checkbox"/>	MEDICAL <input type="checkbox"/>
FOREIGN DEGREE <input type="checkbox"/>	DENTAL <input type="checkbox"/>
YEAR OF GRADUATION Y Y Y Y	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NAME:	
FATHER'S NAME:	
DATE OF BIRTH:	D D M M Y Y Y Y
NATIONALITY:	
PASSPORT NO:	<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"/> <input type="checkbox"/> <input type="checkbox"/>
POSTAL ADDRESS:	
PERMANENT ADDRESS:	
CITY:	DISTRICT:
PROVINCE:	COUNTRY:
EMAIL:	MOBILE:
LICENSE NO	
NAME OF REGULATOR	
COUNTRY OF REGULATOR	
PURPOSE FOR WHICH TEMPORARY LICENSE IS REQUIRED:	
NAME OF INSTITUTION FOR WHICH LICENSE REQUIRED	
TIME FOR WHICH TEMPORARY LICENSE IS REQUIRED	TO: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FROM: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

✓ Check List

1. Copy of valid Passport
2. Copy of License of Applicant's Regulator
3. Two Passport size color photographs
4. Copy of purpose letter

Fee

Fee for Temporary License	Rs. 10,000/-
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"

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: _____