



PAKISTAN MEDICAL COMMISSION

G-10/4, MAUVE AREA, ISLAMABAD.

Website: www.pmc.gov.pk

Email: licensing@pmc.gov.pk

Attach Two Color
Photographs

APPLICATION FOR

a) INACTIVATION OF LICENSE

b) RE-ACTIVATION OF LICENSE

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO.	
NAME:	
FATHER NAME:	
CNIC:	<input type="checkbox"/>
PASSPORT NO:	<input type="checkbox"/>
NATIONALITY:	
MOBILE:	
EMAIL:	
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
<input type="checkbox"/> INACTIVATION OF LICENSE	<input type="checkbox"/> RE-ACTIVATION OF LICENSE
DATE OF INACTIVATION	
REASON FOR INACTIVATION OF LICENSE:	
DATE OF RE-ACTIVATION	

Signature of Applicant: _____

Date: _____

IMPORTANT NOTE:

- The Doctor at the time of intimating their status for in-activation must have an active status and properly renewed license.
- On the status becoming in-active the practitioner not to be charged renewal fee for the period of in activation
- During in-activation a practitioner may undergo CME's.

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC

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REGISTRATION NO:

Registration Date: _____ Valid Upto: _____

Scrutinized by :(1) _____ (2) _____

Secretary / Authorized: _____