



# PAKISTAN MEDICAL COMMISSION

G-10/4, MAUVE AREA, ISLAMABAD.

Website: [www.pmc.gov.pk](http://www.pmc.gov.pk)

Email: [licensing@pmc.gov.pk](mailto:licensing@pmc.gov.pk)

## APPLICATION FOR PROVISIONAL LICENSE (FOREIGN GRADUATES)

(FOR ONE YEAR TO UNDERTAKE HOUSE JOB ONLY)

Attach Two Color  
Photographs

### FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

QUALIFICATION	MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/>
PMDC ELIGIBILITY CERTIFICATE NO. (IF QUALIFIED NEB STEP III)	
YEAR OF GRADUATION	
NAME OF COLLEGE:	
DEGREE AWARDDING UNIVERSITY:	
NAME:	
FATHER NAME:	
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PASSPORT NO:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NATIONALITY:	
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
GENDER	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
PROVINCE/ DISTRICT:	
MAILING /POSTAL ADDRESS:	
PERMANENT ADDRESS:	
MOBILE:	
OTHER NUMBER:	
EMAIL:	

### 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.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**✓CHECK LIST**

1. Copy of Degree (With English Translation)
2. Copy of Foreign Passport, if Foreign National
3. Copy of Passport pages showing period of stay in Foreign Country during Academic Study for Undergraduate Degree.

**FEE**

**Fee for Provisional License (for one year only)**

**Rs. 2,000/-**

- A Bank deposit slip of Rs \_\_\_\_\_ No. \_\_\_\_\_ Dated \_\_\_\_\_  
Name of issuing Bank & Branch \_\_\_\_\_

***All payments shall be made in favor of "Pakistan Medical Commission" through designated payment channels available on PMC website***

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**FOR OFFICE USE ONLY**

Received Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

PMC

REGISTRATION NO:

							-		-	M/D
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Registration Date: \_\_\_\_\_ Valid Upto: \_\_\_\_\_

Scrutinized by :(1) \_\_\_\_\_ (2) \_\_\_\_\_

Secretary / Authorized: \_\_\_\_\_