



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 FULL LICENSE

(HOLDING FOREIGN LICENSE)

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

QUALIFICATION	MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/>
NAME:	
FATHERS NAME:	
CNIC:	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="checkbox"/> <input type="checkbox"/>
NATIONALITY:	
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
GENDER	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
NAME OF UNDERGRADUATE COLLEGE:	
DEGREE AWARDDING UNIVERSITY:	
COUNTRY:	
FOREIGN HOUSE JOB INSTITUTION:	
COUNTRY:	
FOREIGN LICENSE NUMBER:	
VALIDITY OF LICENSE:	
LICENSING FOREIGN AUTHORITY:	
NLE REGISTRATION NO. (IF NO POSTGRADUATE QUALIFICATION)	
POSTGRADUATE QUALIFICATION(s):	
POSTGRADUATE AWARDDING ENTITY:	
COUNTRY:	
YEAR OF AWARD OF POSTGRADUATE:	
PROVINCE/DISTRICT:	
MAILING /POSTAL ADDRESS:	
PERMANENT ADDRESS:	
MOBILE:	
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 Foreign Degree (With English Translation)
2. Copy of Foreign House Job Certificate issued by the Institute (With English Translation)
3. Copy of Postgraduate Qualification Awarded (With English Translation)
4. Copy of Pakistani / Foreign Passport with pages showing period of stay in Foreign Country during study & House Job
5. Copy of Foreign License (With English Translation), If Any

✓ FEE

Fee for Full License (02 Years only)

Rs. 5,000/-

- 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

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: _____