



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 EXTENSION OF PROVISIONAL LICENSE

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO.	
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"/>
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"/>
NATIONALITY:	
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
MAILING /POSTAL ADDRESS:	
MOBILE:	
EMAIL:	

- ***A provisional license shall only be extended if the house job has not been completed, duly certified by the house job awarding institution. The extension will expire on completion of house job.***
- ***Extension must be obtained within 30 days prior to expiry of Provisional License***
- ***Maximum duration of extension will be ONE YEAR ONLY.***

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 Appliant: _____

Date: _____

✓ **CHECK LIST**

1. Certificate from House Job awarding Institution certifying that House Job is still in progress with date of start and expected date of completion.

✓ **FEE**

Fee for Extension

Rs. 1,000/-

- 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

***** There is no requirement to send your expired license with the extension application***

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: _____