



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Attach two recent
photographs
here.

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

✓ TICK THE RELEVANT BOX (ALL SECTIONS ARE MANDATORY)

PMC REGISTRATION NUMBER																				
NAME:																				
FATHER'S NAME:																				
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>																			
DATE OF BIRTH:																				
NATIONALITY:																				
CNIC:																				
PASSPORT NO: (FOREIGN NATIONAL)																				
POSTAL ADDRESS:																				
CITY:										COUNTRY:										
Permanent Address:																				
EMAIL(Applicant):										MOBILE:										
COUNTRY/ REGULATOR FOR WHICH CERTIFICATE IS REQUIRED																				
MAIL TO FOREIGN REGULATOR DIRECTLY FROM PMC										YES <input type="checkbox"/> NO <input type="checkbox"/>										
ADDRESS OF FOREIGN REGULATOR OR EMAIL																				

✓ Check List

1. Copy of valid CNIC
2. Two passport size Color photograh
3. If validity of full license is less than 3 months, an application for renewal of license should be submitted along with this application.

FEE

- Good Standing Certificate (for six months only) and Verification
- Courier Fee (Outside Pakistan only)

Rs. 5,000/-

Rs. 3,000/-

