



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

Attach two Color Photographs here.

APPLICATION FOR FULL LICENSE

PAK NATIONAL WITH FOREIGN GRADUATION

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

TICK THE RELEVANT BOX

PMC RECOGNIZED INSTITUTION (GREEN LIST) <input type="checkbox"/>	MEDICAL	<input type="checkbox"/>
	DENTAL	<input type="checkbox"/>
YEAR OF GRADUATION Y Y Y Y	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
NAME OF COLLEGE:		
DEGREE AWARDING UNIVERSITY:		
NAME:		
FATHER'S NAME:		
CNIC:		
PASSPORT NO (FOREIGN GRADUATE/FOREIGN NATIONAL)		
NATIONALITY:		
DOMICILE:		
DATE OF BIRTH:		
POSTAL ADDRESS:		
PERMANENT ADDRESS:		
CITY:	DISTRICT:	
PROVINCE:	COUNTRY:	
EMAIL:	MOBILE:	

DOCUMENTS REQUIRED IN CASE OF PAK NATIONAL FOREIGN GRADUATE

- Copy of Degree (in English Translation)
- Copy of Intermediate Certificate (FSc / IBCC) along with Concerned Board fee Challan/Receipt
- Copy of House Job attested by MS where house job was done

Fee

Fee for Full License	Rs. 2,000/-
Verification of Degree / House Job/Clinical Work done in foreign country	Rs. 6,000/-
Courier Fee outside Pakistan	Rs. 3,000/-

- A bank draft/pay order/Bank deposit slip of Rs _____ No. _____
 Dated _____
 Name of issuing Bank & Branch _____

All draft shall be made in favor of "Pakistan Medical Commission"

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.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC

REGISTRATION NO:

						-			-	M/D
--	--	--	--	--	--	---	--	--	---	-----

Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____