



PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: www.pmc.gov.pk

Email: info@pmc.gov.pk

Attach two recent
photographs
here.

APPLICATION FOR PRACTICAL EXPERIENCE

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

✓ TICK THE RELEVANT BOX

PMC REGISTRATION NUMBER: □□□□□□□□□□□□	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NAME:	
FATHER NAME:	
DATE OF BIRTH:	
NATIONALITY:	
CNIC:	□□□□□□□□□□□□□□□□
PASSPORT NO: (Foreign National)	
POSTAL ADDRESS:	_____

CITY:	DISTRICT:
PROVINCE:	COUNTRY:
EMAIL:	MOBILE:
COUNTRY/ REGULATOR FOR WHICH CERTIFICATE IS REQUIRED	

HOUSE JOB INFORMATION

HOSPITAL	SPECIALTY	FROM	TO	AWARDING INSTITUTION

ANY OTHER PRACTICAL EXPERIENCE

✓ Check List

- Copy of valid CNIC
- Two Passport size Color photographs
- Certificate of Practical Experience from the PMC Recognized Hospital/Institution

Fee

Fee for Practical Experience Rs. 3,000/-
Courier Fee (outside Pakistan only) Rs. 3,000/-
Verification of House Job/Clinical Work done in foreign country Rs. 6,000/-

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

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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
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Registration Date: _____ Valid Upto: _____

Scrutinized by: _____

Secretary / Authorized: _____