



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 PROVISIONAL LICENSE/EXTENSION (for one year house job only)

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

TICK THE RELEVANT BOX

PROVISIONAL

EXTENSION

PMc RECOGNIZED INSTITUTION	
PAKISTANI DEGREE <input type="checkbox"/>	MEDICAL <input type="checkbox"/>
FOREIGN DEGREE <input type="checkbox"/>	DENTAL <input type="checkbox"/>
YEAR OF GRADUATION Y Y Y Y	MALE <input type="checkbox"/>
	FEMALE <input type="checkbox"/>
PMc STUDENT REGISTRATION (if any)	
PMc or PMDC REGISTRATION NO	
NAME OF COLLEGE:	
DEGREE AWARDDING UNIVERSITY:	
NATIONALITY:	
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: (FOREIGN NATIONAL)	<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"/>
DOMICILE:	
NAME:	
FATHER'S NAME:	
DATE OF BIRTH:	D D M M Y Y Y Y
POSTAL ADDRESS:	
PERMANENT ADDRESS:	
CITY:	DISTRICT:
PROVINCE:	COUNTRY:
EMAIL:	MOBILE:

✓ Check List

1. Copy of valid CNIC
2. Provisional Certificate issued by college / Degree issued by University
3. Two passport size Color photographs
4. Original Provisional License (in case of extension in provisional)

Fee

Fee for Provisional License/ Extension (for one year only) Rs. 1,000/-
Late fee will be charged (if renewed after the expiry of six months) Rs. 2,000/- Per Annum
(From the date of Expiry)
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:** _____

Endorsement(PAK NATIONAL PAK BASIC QUALIFICATION):

I do verify the above contents and recommend this applicant for Provisional License

Principal / Dean of Institution (Name): _____

Signature _____ Stamp _____ 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: _____