



# PAKISTAN MEDICAL COMMISSION

G-10/4, Mauve Area, Islamabad.

Website: [www.pmc.gov.pk](http://www.pmc.gov.pk)

Email: [info@pmc.gov.pk](mailto:info@pmc.gov.pk)

Attach two Color  
Photographs here.

## APPLICATION FOR PROVISIONAL LICENSE PAK NATIONAL WITH FOREIGN GRADUATION (for one year house job only)

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 AWARDDING UNIVERSITY:	
NAME:	
FATHER'S 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"/> <input type="text"/>
PASSPORT NO (FOREIGN GRADUATE/FOREIGN NATIONAL)	<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"/>
NATIONALITY:	
DOMICILE:	
DATE OF BIRTH:	D D M M Y Y Y Y
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

### Fee

Fee for Provisional License/ Extension (for one year only) Rs. 1,000/-  
Verification of degree from 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:** \_\_\_\_\_

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### FOR OFFICE USE ONLY

Received Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

PMC

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REGISTRATION NO:

Registration Date: \_\_\_\_\_ Valid Upto: \_\_\_\_\_

Scrutinized by: \_\_\_\_\_

Secretary / Authorized: \_\_\_\_\_