PAKISTAN MEDICAL COMMISSION

G-10/4, MAUVE AREA, ISLAMABAD.
Website: www.pmc.gov.pk
Email: licensing@pmc.gov.pk

Attach Two Color Photographs

APPLICATION FOR REGISTRATION OF POSTGRADUATE, ADDITIONAL OR ALTERNATIVE CLINICAL QUALIFICATION

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO:	
NAME:	
FATHER NAME:	
CNIC:	☐☐☐☐☐☐☐☐☐☐☐☐☐
PASSPORT NO: (FOREIGN NATIONAL)	☐☐☐☐☐☐☐☐☐☐☐☐☐
DATE OF BIRTH:	_____ [date] _____ [month] _____[year]
MOBILE:	
EMAIL:	
MEDICAL ☐	**DENTAL** ☐
QUALIFICATION:	
PERIOD OF TRAINING PROGRAM:	_____ [years] _____ [month]
DATE OF GRANT:	
MODE OF STUDY: FULL TIME ☐ PART TIME ☐ DISTANT LEARNING ☐	
GRANTING INSTITUTION:	
ADDRESS OF GRANTING INSTITUTION:	
COUNTRY	
EMAIL OF INSTITUTION	

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.

Signature of Applicant : _____ **Date:_____**

✓ CHECK LIST

1. Copy of Qualification (Election Letter/Certificate/Degree)

Note:-

- *In case of CPSP Pakistan Qualification, the applicant must be in the "List of Good Standing Fellows / Members" of CPSP Pakistan.*
- *For each qualification separate application must be made*

✓ FEE

1	**Qualification (Pakistan)**	**Rs.3,000/-**
2	**Qualification (Foreign)**	**Rs.6,000/-**

- A Bank deposit slip of Rs_____No._____ Dated_____

  Name of issuing Bank & Branch_____

  All payments shall be made in favor of "Pakistan Medical Commission" through designated payment channels available on PMC website

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FOR OFFICE USE ONLY

Received Rs._____ Receipt No. _____ Date: _____

PMC REGISTRATION NO: | | | | | | | - | | | - | M/D |

Registration Date: _____ Valid Upto: _____

Scrutinized by :(1) _____(2) _____

Secretary / Authorized: _____