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 FACULTY REGISTRATION

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO:	
NAME:	
FATHER NAME:	
CNIC:	☐☐☐☐☐☐☐☐☐☐☐☐☐
PASSPORT NO: (FOREIGN NATIONAL)	☐☐☐☐☐☐☐☐☐☐☐☐☐
NATIONALITY:	
DATE OF BIRTH:	_____ [date] _____ [month] _____[year]
NAME OF TEACHING INSTITUTION: (Undergradudate or Post Graduate)	
DATE OF JOINING:	
DESIGNATION:	
MOBILE:	
EMAIL:	

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:_____**

- **This is for first time faculty registration ONLY. Licensees already registered as faculty do not need to re register. (In case of promotion/transfer hospital/institute will notify PMC through a letter alongwith copy of appointment letter of faculty member)**

✓ CHECK LIST

- Certificate from Teaching Institution Verifing Date of Joining and Designation

✓ FEE

- **Fee for Faculty Registration** **Rs. 4,000/-**

- 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: _____