



# PAKISTAN MEDICAL COMMISSION

G-10/4, MAUVE AREA, ISLAMABAD.

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

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

Attach Two Color  
Photographs

## APPLICATION FOR

- CERTIFICATE OF GOOD STANDING
- CERTIFICATE OF PRACTICAL EXPERIENCE

### FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO:	
NAME:	
FATHER 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"/>
PASSPORT NO: (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"/>
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
MOBILE:	
EMAIL:	
COUNTRY/ REGULATOR FOR WHICH CERTIFICATE IS REQUIRED	
EMAIL OF FOREIGN REGULATOR	
ADDRESS OF FOREIGN REGULATOR :	
COURIER TO FOREIGN REGULATOR DIRECTLY FROM PMC	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Note:** If validity of full license is less than 3 months, an application for renewal of license should be submitted separately with this application.

### 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**

- Copy of Practical Experience Certificate issued by Head of Institution, if required Certificate of Practical Experience

✓ **FEE**

**Certificate of Good Standing (for six months only) and Verification** Rs. 5,000/-  
**Certificate of Practical Experience** Rs. 3,000/-  
**Courier Fee If desired (For Outside Pakistan only)** 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***

---

**FOR OFFICE USE ONLY**

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

PMC REGISTRATION 

						-			-	M/D
--	--	--	--	--	--	---	--	--	---	-----

 NO:

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

Scrutinized by :(1) \_\_\_\_\_ (2) \_\_\_\_\_

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