PAKISTAN MEDICAL COMMISSION

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

APPLICATION FOR RENEWAL OF FULL LICENSE

Attach Two Color Photographs

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]
MAILING /POSTAL ADDRESS:	
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: _____**

- ***If any change in mailing/permanent address or contact details please submit an Application for Change of Address or Contact Information.***

✓ FEE

1	**Renewal Fee per Year**	**Rs.2,000/-**
2	**If any change in Permanent or Mailing Address**	**Rs.2,000/-**
3	**Late fee if renewed 30 days after the expiry date**	***Rs. 2,000/- per month*** **From the date of expiry (Applicable wef 15th Jan,2021. Till that time old fee of Rs.2000/- per year will be applicable)**
4	**Courier fee if Mailing Address outside Pakistan**	**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

*** There is no requirement to send your expired license with the renewal application*

FOR OFFICE USE ONLY

Received Rs._____ Receipt No. _____ Date: _____

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

Registration Date: _____ Valid Upto: _____

Scrutinized by :(1) _____(2) _____

Secretary / Authorized: _____