



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**
- CHANGE IN: NAME / ADDRESS**
 - DUPLICATE LICENSE**

FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

PMC REGISTRATION NO:	
NAME (Originally):	
NAME (New 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"/>
NATIONALITY:	
DATE OF BIRTH:	_____ [date] _____ [month] _____ [year]
NEW ADDRESS If changed): MAILING <input type="checkbox"/> PERMANENT <input type="checkbox"/>	
NEW MOBILE (If changed) :	
NEW EMAIL (If changed) :	
DUPLICATE LICENSE REQUIRED:	<input type="checkbox"/>

- **Change of name / address shall only be permissible if verified from CNIC or Passport (if Foreign National)**

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: _____

