



# 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 FULL LICENSE

(WITHOUT HOLDING PAKISTAN PROVISIONAL LICENSE)

### FORM WILL BE FILLED IN CAPITAL LETTERS ONLY

|  |   |
|--|---|
| 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:   | <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]   |
| GENDER   | FEMALE <input type="checkbox"/><br>MALE <input type="checkbox"/>  |
| NAME OF FOREIGN COLLEGE:                               |   |
| DEGREE AWARDDING UNIVERSITY:                           |   |
| COUNTRY:   |   |
| FOREIGN HOUSE JOB INSTITUTION:                         |   |
| COUNTRY:   |   |
| NLE REGISTRATION NO.<br>(IF GRADUATED AFTER SEPT 2020) |   |
| PROVINCE/DISTRICT:                                     |   |
| MAILING /POSTAL ADDRESS:                               |   |
| PERMANENT 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: \_\_\_\_\_

✓ **CHECK LIST**

1. Copy of Foreign Degree (With English Translation)
2. Copy of Foreign House Job Certificate issued by the Institute (With English Translation)
3. Copy of Foreign Passport, if Foreign National
4. Copy of Passport pages showing period of stay in Foreign Country during study & House Job
5. Copy of Foreign License (With English Translation), If Any

✓ **FEE**

**Fee for Full License (02 Years only)**

**Rs. 5,000/-**

- 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 NO:

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

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

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

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