

PAKISTAN MEDICAL & DENTAL COUNCIL

Attach two recent

APPLICATION FOR PROVISIONAL LICENSE

photo graph

(for one year house job only)



Tick the relevant Box

FOREIGN DEGREE <input type="checkbox"/>	MEDICAL <input type="checkbox"/>															
PAKISTANI DEGREE <input type="checkbox"/>	DENTAL <input type="checkbox"/>															
YEAR OF GRADUATION <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>											
Y	Y	Y	Y													
PMC STUDENT REGISTRATION (if any)																
NAME OF COLLEGE:																
DEGREE AWARDDING UNIVERSITY:																
NATIONALITY:																
CNIC:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
PASSPORT NO: (FOREIGN NATIONAL)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
NAME:																
FATHER NAME:																
DATE OF BIRTH:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y									
POSTAL ADDRESS:	<hr/> <hr/>															
CITY:	DISTRICT:															
PROVINCE:	COUNTRY:															
EMAIL:	MOBILE:															

✓ Check List

- Provisional Certificate or Degree of College/ University
- NEB Step III result (for Foreign graduates)
- Two Color photographs (passport size)
- For extension of provisional license, apply on the same form along with original/copy of previous (provisional) certificate
- A bank draft/pay order/Bank deposit slip of Rs _____ No. _____
Dated _____
Name of issuing bank & branch _____

APPLICANTS SIGNATURE: _____

Fee

Fee for Provisional License
Courier Fee outside Pakistan

Rs. 1,000/-
Rs. 3,000/-

FOR OFFICE USE ONLY

Received Rs. _____ Receipt No. _____ Date: _____

PMC REGISTRATION NO:

							-				-	M/D
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Registration Date: _____ Valid Upto: _____

Verification Officer: _____

Member Licensing: _____