Pakistan Association of Clinical Psychologists
Head Office: **Centre** for Clinical Psychology, University of the Punjab
Quaid-i-Azam Campus, Lahore 54590 Pakistan. Tel: 92-99231145
e-mail: **pacp.financesecretary@gmail.com**

APPLICATION FORM FORCERTIFICATE OF GOOD STANDING

(All Sections Are Mandatory) Only PACP Registration Number :	**Fill the Form in Capital Letters**	
Name:		
Father's Name:		
Sex:	Female	Male
Date of Birth:		
Nationality:		
CNIC:		
Passport No: (Foreign National)		
Postal Address:		
City:	Country:	
Permanent Address:		
Email: (Applicant): Mobile:		
Country / Regulator for which GSC Certificate is Required:		
Address of Foreign Regulator or Email:		

Required Documents' Check List

1. Attested Copy of Valid CNIC
2. Two Passport Size Colored Photographs
3. Two Letters of Reference (One from the Current Employer).

FEE

□ Good Standing Certificate (Valid for One Year only) Rs. 15,000/-

□ Courier Fee Rs. 500/-

A Bank Draft/Pay Order/Bank Deposit Slip of
Rs:_____No.:_____ Dated:_____
Name of Issuing Bank & Branch_____
All Bank Draft shall be made in Favor of: Nashi / Saima / Mirat

Undertaking

I Undertake to Abide by the Code of Ethics prescribed by the PACP for Registered Clinical Psychologists and will inform the PACP of any change of Address or Residence of Practice within Thirty Days. If considered necessary, PACP may disclose any information when asked from any of my Educational & Work Institution and I shall not hold PACP Liable for such Disclosure. I take Full Responsibility of Authenticity of Documents submitted along with this Application and shall be Liable for any Misrepresentation.

Applicant's Signature: _____ *Dated:*_____

FOR OFFICE USE ONLY

Received Rs:_____ Receipt No: _____ Date: _____

PACP Registration No: _____

Registration Date: _____ Validity Up To: _____

Finance Secretary: _____