

# Application for Additional Qualification Registration with the Maharashtra Medical Council, Mumbai

To,  
The Registrar,  
Maharashtra Medical Council,  
189/A, Anand Complex, 2nd Floor,  
Sane Guruji Marg, Arthur Road Naka,  
Chinchpokli ( W), Mumbai 400011  
Sir,



I request you to register my additional qualification under the Maharashtra Medical Council Act 1965 and further to issue Certificate of Additional Qualification to me. My particular are as follows:

1. Full Name : .....
- Tel.No (Res.).....Clinic..... Mobile No.....
2. Permanent Address : .....
- Pin.....
3. Address for Communication : Tel.No (Res.).....Clinic..... Mobile No.....
- Pin .....
4. Permanent Registration Number with M.M.C. : Regn. No..... Regn. Date.....
5. Date Of Renewal of Registration : .....
6. Additional Qualification (Name P.G. Degree/ Diploma ) : .....
7. Name of college from where you have passed/acquired P.G. Qualification with proof i.e. bona fide certificate from head of institute / dept. : .....
8. Name of University : .....
9. Year of Passing : .....
10. Demand Draft of Rs. : .....
11. Demand Draft No. & Date : .....
12. Name of the Nationalised Bank & Place : .....

\* favouring The **Registrar, Maharashtra Medical Council** Payable at mumbai.

**Enclosed :**

1. Passing Certificate / P. G. Degree / Diploma of additional qualification issued by university. ( Attested zerox copy & original for verification.)
2. Bonafide Certificate issued by the Head of Institute / Head of Department
3. Attested zerox copy of M.M.C. Registration Certificate & copy of I-Card issued by MMC
4. Demand Draft of Nationalised Bank.\*
5. If you have change your name please attached a zerox copy of M.M.C. letter.
6. Two Copies of latest photographs of passport size.

Date : Yours,  
Place : ( Signature of Applicant)

-----FOR OFFICE USE ONLY-----

<b><u>Particular of Payment :</u></b>		<b>Additional qualification Certificate sent by Regd. Post / Speed Post</b>
Receipt No. and Date		at : .....
Signature of the Clerk		.....
Name of Clerk		On : .....

Note : Incomplete application form will be rejected

Specimen Signature of Applicant			
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# **Maharashtra Medical Council**

Web Site : [www.mmcmumbai.com](http://www.mmcmumbai.com)

Instructions for filling up the Application form for Additional Qualification Registration

## Instructions

Application needs to be filled in by the applicant in his / her own handwriting. All particulars should be filled in neat legible hand in block letters ; (i.e., no running hand; lower case is permitted). No short forms should to be used The applicant must ensure that name entered in the applicanan form exactly corresponds with his / her name with the supporting documents.

Application may be submitted in person or sent by the registered post / courier to the Registrar, on the address mentioned in the application form.

Registration fee of Rs. 120/- (Rs. One Hundred & Twenty only) for each additional Qualification will be accepted by Demand Draft / Pay Order in the name of Registrar, Maharashtra Medical Council, payable in Mumbai only.

## Acceptance of Application

Presatibed application froms are avaible on maharashtra medical council webside : [www.mmcmumbai.com](http://www.mmcmumbai.com)

Forms will be accepted Monday to Friday (excluding holidays ) during 10:30 a.m. to 4:30 p.m. at the office of Maharashtra Medical Council. An incomplete form or the one not accompanied by valid payment will not be accepted. No correspondence in this regard will be entertained.

The copy of medical ethies, regulations are availble on medical council of india webside : [www.mciindia.org](http://www.mciindia.org)