

APPLICATION FOR THE RENEWAL OF REGISTRATION

To,
THE REGISTRAR,
Maharashtra Medical Council
Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Mumbai 400 011

Photo
to be
Afix

Sub. : Dr. (Smt. / Shri) _____

Registration No. _____

Regn. Date : _____

Sir,

I the undersigned applicant, request you that my name may be continued on the Register of Medical Practitioners maintained by the Maharashtra Medical Council as per 23(a) of MMC Act 1965 and amendment 2003 My particulars are as under :-

Name of the Applicant (Beginning with surname in capital Letters)		(Surname)	(First Name)	(Middle Name)
Father / Husband's Name				
Mother's Name				
Maiden Name (In case of married women)		(Surname)	(First Name)	(Middle Name)
Date of Birth of the Applicant _____				

RESIDENTIAL ADDRESS : _____

Taluka / City	:	_____	District	:	_____
Postal Index No.(PIN)	:	_____	State & Country	:	_____

Tel. No.(Res.) _____ (Clinic) _____ (Mobile) _____

Details of Qualification	Name of College	University	Year of Passing	MBBS Regi.No.& Date
M.B.B.S./ Other				
P.G..Qualification				Addl. Qul. Regi.Cert.No & Date

Demand Draft / Pay Order No. & Date _____ Rs. _____
Rupees in words _____ Drawn on _____
Place. _____

I enclosed herewith attested photocopies of following documents :

1. Photocopy of the Certificate of Registration of Maharashtra Medical Council.
2. Demand Draft / Pay Order favouring **Registrar, Maharashtra Medical Council** Payable at Mumbai.
3. Zerox copy of MMC I-Card
4. One copy of Latest passport size Photograph.

Date :

Place :

Signature of the Applicant

Note :-

1. All particulars be correctly filled in neat legible hand writing, in BLOCK LETTERS i.e. no. running hand.
2. The application not accompanied by prescribed Fee & Photocopies of registration certificate of M. M. C. is liable to be rejected.
3. Incomplete application form will not be considered.