

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,
Chinchpokali (W), Mumbai - 400 011.
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 particulars are as follows :

1. Full Name :
- Tel. No. (Res.) Clinic Mobile No.
2. Permanent Address :
- Pin
3. Address for Communication :
- E-mail
4. Permanent Registration Number with M.M.C. : Regn. No. Regn. Date
5. Date of Renewal of Registration :
6. Additional Qualifications :
- (Name P. G. Degree / Diploma)
7. Name of college from where you have passed/acquired P. G. Qualification with proof i.e. bonafide 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 Photocopy from gazetted officer & original for verification)
2. Bonafide Certificate issued by the Head of Institute / Head of Department. Photocopies attested by gazetted officer.
3. M.M.C. Registration Certificate & Photocopy of I-Card issued by MMC. Attested by gazetted officer.
4. Demand Draft of Nationalised Bank in Favouring The Registrar, Maharashtra Medical Council Payable at Mumbai.
5. If you have change your name please attached a xerox copy of M.M.C. letter.
6. Two copies of latest photographs of passport size.

Yours,

Date :

Place :

(Signature of Applicant)

FOR OFFICE USE ONLY

Particular of Payment :		Additional Qualification Certificate sent by Regd. Post / Speed Post
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

Website : www.maharashtramedicalcouncil.in

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 and in block letters; (i.e. no running hand; lower case is permitted). No short forms should be used. The applicant must ensure that the name entered in the application form exactly corresponds with his / her name with us 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

Prescribed application forms are available on Maharashtra Medical Council
Website : www.maharashtramedicalcouncil.in

Forms will be accepted Monday to Friday (excluding Holidays) during 10.30 a.m. to 4.00 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 code of Medical ethics, regulations are available on Medical Council of India
Website : www.mciindia.org