

APPLICATION FOR THE RENEWAL OF REGISTRATION

To,
THE REGISTRAR,
Maharashtra Medical Council,
189/A, Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (W), Mumbai - 400 011.
Website : www.maharashtramedicalcouncil.in

Photo
to be
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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) / 23 (c) 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)

RESIDENTIAL ADDRESS _____

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

PRESENT PLACE OF WORKING ADDRESS : _____

Date of Birth _____ Tel. No. (Res.) _____ (Clinic) _____

Mobile _____ E-mail _____

Details of Qualification	Name of College	University	Year of Passing	MBBS Regi. No. & Date
M.B.B.S./Other				
P.G. Qualifications 1) 2) 3)				Add. Qualification Reg. Cert. No. & Date

Demand Draft / Pay Order No. & Date _____ Rs. _____

Rupees in words _____ Drawn on _____

_____ Place _____

I enclosed herewith of following documents :

1. Photocopy of the Certificate of Registration of Maharashtra Medical Council (Attested by Gazatted Officer).
2. Demand Draft / Pay Order favouring **Registrar, Maharashtra Medical Council** Payable at Mumbai of Nationalised/Scheduled Bank.
3. Photo copy of MMC I-Card (Attested by Gazatted Officer).
4. Three copy of Latest passport size photograph.
5. C.M.E. Credit Hours (Please see notice on website : www.maharashtramedicalcouncil.in
6. Photo copies of CME Certificates Showing Credit Hours (verified From Authorised Signatory mention on MMC Website).
7. Affidavit & indemnity bond proforma is available on MMC website
(Applicable to those RMP who has failed to renew their Registration within due date of renewal or not more than four months of due date of Renewal of Registration)

Declaration

I shall abide by the Code of medical Ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

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 & Attested Photocopies of registration certificate of M.M.C. is liable to be rejected.