

**FORM NO.5**

**Tamil Nadu Medical Council**

**New No.914,Poonamallee High Road, Arumbakkam, Chennai – 600 106.**

**Email Id :tnmccme@gmail.com Ph No.044 42147522**

**CME Credit Hours Update / Individuals – 70 Years aged Candidates**

**1 ) Dr.Name :**

To affix recent  
Passport size  
Photograph

**2) Date of Birth :**  
(Enclose Xerox copy of  
PAN Card or Driving License)

**3) Communication Address :**

**4) TNMC Registration No :**

**5) Email Id :**

**6) Cell No. :**

**Encl :-**

**1) Xerox Copy of TNMC Registration Certificate & Aadhar Card**

**2) Fees ₹.300/- DD in Favour of “The Registrar, Tamil Nadu Medical Council CME”**

**Date :**

**Signature**

**Send the signed Application : Post Box No.7185, Registrar, Tamil Nadu Medical Council, MMDA Colony, Arumbakkam, Chennai – 600 106.**