

# FORM – 5

## Tamil Nadu Medical Council

No.914,Poonamallee High Road, Arumbakkam, Chennai – 600 106  
Email Id : [tnmccme@gmail.com](mailto:tnmccme@gmail.com), Ph No. 044 -42147522; WhatsApp: 8939394920



### Application for Senior Citizens, Teaching Faculties, PG - Students & Sick Registered Medical Practitioners

Required Credit Hours: **01.06.2012 to 31.05.2017-30** Credit Hours, **01.06.2017 to 31.05.2022-30** Credit Hours

Required Credit Hours: **For 65 Year to 70 year age group – 15** Credit Hours

Required Credit Hours: **AS ON 31.05.2018: For 70 plus age group - Exempted.**

#### Forms to Apply (as applicable) :

- Annexure (a) Senior Citizen 70(Born Before - 01.06.1948 only) Plus (as on 31.05.2018).
- Annexure (b) Teaching Faculties.
- Annexure (c) Registered Medical Practitioners during their Post Graduate Period. (Diploma / Master / Super Speciality, DNB etc.)
- Annexure (d) Registered Medical Practitioners in their Sick period.  
**[Credit Hours will be given after proper scrutiny]**

Affix Recent Passport size  
Photo

#### Personal Data:

1) Dr. Name :

2) Date of Birth :

3) TNMC Registration No:

4) Mobile No :

5) E-mail Id :

6) Permanent Address :

#### Online Payment

- Make your Payment easier.
- Facilities available in [www.tnmedicalcouncil.org](http://www.tnmedicalcouncil.org)
- By Single CLICK Pay your Fees.



#### Payment Details

##### Demand Draft Details

Bank Name : .....

Branch Name .....

DD. No: ....., Date: ...../...../.....

Amount Rs: .....

**Annexure (A) - Senior Citizen – Aged 70 Plus (as on 31.05.2018)**

**(Born Before - 01.06.1948 only)**

- ✓ Are You still in Professional Practice: **Yes / No**
- ✓ **TNMC** will exempt them from **CME credit Hours** for **2017 – 2022** and ratify the different for **2012-2017**.

**Enclose the following attachments**

- ✓ Xerox Copy of **TNMC Registration Certificate**
- ✓ Xerox copy of **Driving License /Pan card**
- ✓ Xerox Copy of **Aadhar Card**
- ✓ **Online payment – Paid Slip for Rs.300 / DD** in Favour of “The Registrar, Tamil Nadu Medical Council (CME)”.

**Annexure (B) – Teaching Faculties**

- ✓ Are You working as Teaching Faculties : **Yes / No**
- ✓ **6 Credit hours** will be credited per year for the **Teaching Faculties**.  
(Applicable only from **01.06.2012** to **till date**)
- ✓ **Experience certificate** format is available in **TNMC** website, which is to be filled by individual and attested by the **Dean / vice Principal**.

Sl. no	College name	Department	Designation	Duration of Working	
				From	To
1					
2					
3					
4					

**Enclose the following attachments**

- ✓ Xerox Copy of **TNMC Registration Certificate**
- ✓ **Experience Certificate (Original)** – Format available in **TNMC Website**.
- ✓ Xerox copy of **Driving License /Pan card**
- ✓ Xerox Copy of **Aadhar Card**
- ✓ **Online payment – Paid Slip for Rs.300 / DD** in Favour of “The Registrar, Tamil Nadu Medical Council (CME)”.

**Annexure (C)- Post Graduate Students**

- ✓ Are You an Post Graduate student : **Yes / No**
- ✓ **6 Credit hours** will be credited per year for the **Post Graduate Students.**  
(Applicable only from **01.06.2012** to **till date**)
- ✓ **Bonafide certificate** format is available in **TNMC** website, which is to be attested by the **Dean / vice Principal.**

Name of the college : \_\_\_\_\_

Name of the Course : \_\_\_\_\_

Studying From: ...../...../..... to ...../...../.....

Course Completion Year: ...../...../.....

**Enclose the following attachments**

- ✓ Xerox Copy of **TNMC Registration Certificate**
- ✓ **Bonafide Certificate** (original) – Format available in **TNMC Website / Course Completion Certificate.**
- ✓ Xerox copy of **Driving License /Pan card**
- ✓ Xerox Copy of **Aadhar Card**
- ✓ **Online payment – Paid Slip for Rs.300 / DD** in Favour of “The Registrar, Tamil Nadu Medical Council (CME)”.

**Annexure (D)- Sick Candidates[2 months or More than 2 Months]**

**Enclose the following attachments**

- ✓ Xerox Copy of **TNMC Registration Certificate**
- ✓ **Medical Certificate** - format available in **TNMC website.**
- ✓ **Lab investigation/ECG/X-Ray/Echo/CT/MRI/Angio** – Reports.
- ✓ Xerox copy of **Driving License / Pan card**
- ✓ Xerox Copy of **Aadhar Card**
- ✓ **Online payment – Paid Slip for Rs.300 / DD** in Favour of “The Registrar, Tamil Nadu Medical Council (CME)”.

**Declaration :**

I ....., hereby declare that all the information, submitted by me in the application form are true and correct to the best of my knowledge.

**Date:**

**Signature**  
**Registered Medical Practitioner**

**Filled Application, Documents & Online Payment Acknowledgement / DD sent to the Following address only:**

**Post Box No: 7185, The Registrar, Tamilnadu Medical Council, MMDA Colony, Arumbakkam, Chennai - 600106**