

FORM – 8

Tamil Nadu Medical Council

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



Application for Shortage of Credit Hours – To be Carry over Next Block Year

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.**

- ✓ **Note: Verify your obtained CREDIT hour in your profile at TNMC website before filling the form.**

Forms to Apply (as applicable) :

- **Shortage of Credit Hours During the Period of (01.06.12 to 31.05.2017)**

Affix Recent Passport size Photo

Personal Data:

1) Dr. Name :

2) Date of Birth / age :

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
- By Single CLICK To Pay your Fees.



Payment Details

Demand Draft Details

Bank Name :

Branch Name

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

Amount Rs:

Shortage Credit Hours

- ✓ Verify your obtained **CREDIT hour** in your **profile at TNMC website**.
- ✓ Credit Hour obtained during the year **(01.06.2012 to 31.05.2017)**
- ✓ **Shortage** in **Credit Hours (30 - (Earned credit Hour))** _____

Fees to Pay for shortage Credit hours.

Shortage Credit Hours _____ x Rs. 50/- = Rs..... To pay.

Example:

Dr. ABCD obtained 12 Credit Hour. **Shortage** in Credit Hours (30-12.(Earned credit Hour)) **18**.

Fees to Pay for shortage Credit hours.

Shortage Credit Hours **18**xRs.50/-= Rs. **900** To pay.

Enclose the following attachments

- ✓ Xerox Copy of **TNMC Registration Certificate**.
- ✓ **Print Out Copy of Profile Cme Credits Points**.
- ✓ Xerox copy of **Driving License /Pan card**.
- ✓ Xerox Copy of **Aadhar Card**.
- ✓ **Shortage Fees** by Online / DD in Favour of "The Registrar, Tamil Nadu Medical Council (CME)".

Declaration :

I, Dr. _____ hereby i declare that all the information submitted by me in the application form is correct true and valid.

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