TAMIL NADU MEDICAL COUNCIL,CHENNAI

APPLICATION FOR CHANGE OF ADDRESS

FROM

To

The Registrar

Tamil Nadu Medical Council

No.914,Poonamallee High Road

Arumbakkam,Chennai - 600 106.

Sir,

I request you to kindly note the change of Address for future correspondence and also for up dating the Medical Register

1	NAME	
2	FATHER'S NAME	
3	DATE OF BIRTH	
4	QUALIFICATION	
5	REGISTRATION NO	
6	MOBILE NO	
7	EMAIL ID	
8	PERMANENT ADDRESS	

Date : **SIGNATURE**