

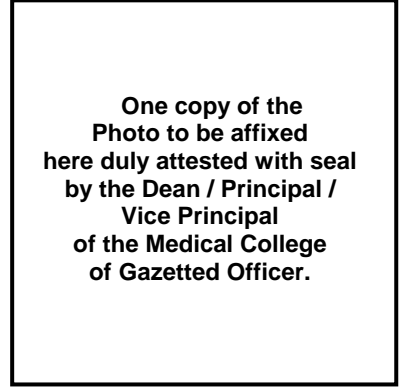
TAMIL NADU MEDICAL COUNCIL

No:914, Poonamalle High Road. Arumbakkam,
Chennai - 600 106.

APPLICATION FORM FOR DUPLICATE COPY OF PERMANENT REGISTRATION CERTIFICATE

Permanent Address :

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To
The Registrar,
Tamil Nadu Medical Council,
Chennai – 600 106.

Sir,

I request that I may kindly be issued the duplicate copy of Permanent Medical Registration Certificate.

2. I have produced the following Original Certificates and Xerox Copies.
 - a) M.B.B.S. provisional Pass Certificate / Degree.
 - b) Certificate of Compulsory Rotatory Internship.
 - c) Xerox Copy of Medical Registration Certificate.
 - d) Copy of F.I.R.
3. Three copies of the pass-port size photos of which one copy duly attested with seal by the Dean / Principal / Vice Principal of the Medical College, are TO BE ENCLOSED.
4. The Registration fee of Rs1000/- is sent herewith by Demand draft drawn in favour of Registrar, Tamilnadu Medical Council, Chennai.

(The registration fee once paid under section 14 (1) of the Madras Medical Registration Act, 1914, is not refundable whether the application is accepted or not).

I hereby declare to abide by the Code of Medical Ethics.
5. I have also enclosed a big size cover 27 cm x 37 cm which is duly stamped for Rs.37/- to receive the certificates by Registered Post.
6. The information necessary for registration is specified on the reverse.

Yours faithfully,

Date :

Signature.....

