

APPLICATION FOR THE RENEWAL OF REGISTRATION

To,
THE REGISTRAR,
Maharashtra Medical Council,
189/A, Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (W), Mumbai - 400 011.
Website : www.maharashtramedicalcouncil.in



Photo
to be
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Sub. : Dr. (Smt./Shri.) _____

Registration No. _____

Regn. Date : _____

Sir,
I the undersigned applicant, request you that my name may be continued on the Register of Medical Practitioners maintained by the Maharashtra Medical Council as per 23 (a) / 23 (c) of MMC Act. 1965 and amendment 2003. My particulars are as under :

Name of the Applicant (Begining with surname in capital letters)		(Surname)	(First Name)	(Middle Name)
Father / Husband's Name				
Mother's Name				
Maiden Name (In case of married women)		(Surname)	(First Name)	(Middle Name)

RESIDENTIAL ADDRESS _____

Taluka / City	:	District	:
Postal Index No. (PIN)	:	State & Country	:

Date of Birth _____ Tel. No. (Res.) _____ (Clinic) _____

Mobile _____ E-mail _____

Details of Qualification	Name of College	University	Year of Passing	MBBS Regi. No. & Date
M.B.B.S./Other				
P.G. Qualifications 1) 2) 3)				Add. Qualification Reg. Cert. No. & Date

Demand Draft / Pay Order No. & Date _____ Rs. _____

Rupees in words _____ Drawn on _____

_____ Place _____

Enclosed herewith of following documents :

1. Photocopy of the Certificate of Registration of Maharashtra Medical Council (Attested by Gazatted Officer).
2. Demand Draft / Pay Order favouring **Registrar, Maharashtra Medical Council** Payble at Mumbai of Nationalised/Scheduled Bank.
3. Photo copy of MMC I-Card (Attested by Gazatted Officer).
4. Three copy of Latest passport size photograph.
5. C.M.E. Credit Hours (Please see notice on website : www.maharashtramedicalcouncil.in
6. Photo copies of CME Certificates Showing Credit Hours (verified From Authorised Signatory mention on MMC Website).

Declaration

I shall abide by the Code of medical Ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Date :

Place :

Signature of the Applicant

Note :

1. All particulars be correctly filled in neat legible hand writing, in BLOCK LETTERS i.e. no. running hand.
2. The application not accompanied by prescribed Fee & Attested Photocopies of registration certificate of M.M.C. is liable to be rejected.