

APPLICATION FOR THE RENEWAL OF REGISTRATION

To,
THE REGISTRAR,
Maharashtra Medical Council
Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Mumbai 400 011

Photo
to be
Afix

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 (Beginning 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 :

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				
PG. Qualification				Add. Reg. Cert. No & Date

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

Rupees in words _____ Drawn on _____

Place. _____

I enclosed herewith attested photocopies of following documents :

1. Photocopy of the Certificate of Registration of Maharashtra Medical Council.
2. Demand Draft / Pay Order favouring **Registrar, Maharashtra Medical Council** Payable at Mumbai.
3. Zerox copy of MMC I-Card
4. Three copy of Latest passport size Photograph.
5. C. M. E. Credit Hours (Please see notice on website - <http://maharashtramedicalcouncil.org>)

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 & Photocopies of registration certificate of M. M. C. is liable to be rejected.
3. Incomplete application form will not be considered.