

PUNJAB MEDICAL COUNCIL

S.C.O. 25, PHASE-I, MOHALI-16055

Tel. 0172-2266913, Fax 0172-2265104,

REGISTRATION TRANSFER APPLICATION FORM

Name : _____

Father's Name : _____

Professional/Correspondence Address : _____

Permanent Address : _____

Telephone No. : _____

ATTESTED
PHOTO
PASTE HERE
Photo attested by
the Principal
Medical College/
Magistrate

To

The Registrar, Punjab Medical Council,
S.C.O. No. 25, Phase-I, Mohali.

Sir,

1. I have to request that my name be registered under the Punjab Medical Registration Act II, of 1916 and that I may be furnished with a certificate of registration.
2. The information necessary for registration is specified on the reverse.
3. Photostat attested copies **alongwith original** certificates of the following are enclosed herewith:-
The original certificate may please be returned when no longer required.

1. Proof of date of birth –Matric Certificate/ Municipal Committee Birth Certificate/ Pan Card, etc.
2. Photostat attested copy of degree.....
3. Photostat attested copy of internship completion...
4. Two non-attested coloured photograph.....
5. Photostat attested copy of Permanent registration certificate ..
6. Screening Test Certificate if graduate out of India
7. One file cover.....

*** Personal appearance must.**

Signature of Applicant

Dated _____

FOR OFFICE USE ONLY

Registration No. _____

Dated _____20

Cash Receipt No. _____

Dated _____20

Despatch No. _____

Dated _____20

PARTICULARS

1. Applicant's name in full _____

2. Father's Name _____

3. Date of Birth _____

4. Name of the Medical College _____
in which undergone training. _____

5. Medical Qualification of which _____
Registration is required _____

6. University or other institution _____
from which obtained. _____

7. Year of degree _____

8. Permanent Registration No. _____

9. Screening test Roll No. & _____
Date of Passing _____

10. Purpose of Registration _____

11. Any remarks _____

Any matter or incident reflecting adversely upon the applicant's previous character and conduct.

Date_____

Signature of Applicant