

PUNJAB MEDICAL COUNCIL
S.C.O. 25, PHASE-I, MOHALI-160055
Tel. 0172-2266913, 5093524, Tele-fax 0172-2265104,

RENEWAL OF REGISTRATION FORM

Name : _____

Father's Name : _____

Permanent Registration No. _____

Professional/Correspondence Address : _____

Permanent Address : _____

Telephone/ Mobile No. : _____

ATTESTED PHOTO
PASTE HERE
Photo attested by the
Gazetted Officer
/Governing
Members PMC/
Former Governing
Members PMC

To

The Registrar,
Punjab Medical Council,
S.C.O. No. 25, Phase-I,
S.A.S. Nagar, Mohali -160 055.

Sir,

I am registered with Punjab Medical Council vide Regd. No. _____ dated _____. It is requested that my registration may please be renewed and Renewal Certificate be issued to me. (The information necessary for registration is specified on the reverse).

The following documents are enclosed herewith:-

1. Four latest Photographs (Not more than six months old)
two attested & Two non attested alongwith
Specimen Signatures attested by
Gazetted Officer /Governing Members of the
Punjab Medical Council /Former Governing
Members of the Punjab Medical Council.
2. Attested photocopy of Permanent registration certificate
3. Fee Rs. 550/- & Late fee Rs. 200/- (Total 750/-)
after 30-9-2009 by way of Bank Draft only in favour of
Registrar, Punjab Medical Council, Payable at Mohali.
4. Additional Identity Card fee Rs.100/- by way of Yes No **Optional**
Bank Draft only in favour of Registrar, Punjab Medical
Council, Payable at Mohali is also enclosed
5. Bank Draft No..... dated..... of Rs.....

* **Please note :- Personal appearance is not mandatory.**

Signature of Applicant

Dated _____

FOR OFFICE USE ONLY

Registration No. _____

Dated _____ 20

Receipt No. _____

Dated _____ 20

Dispatch No. _____

Dated _____ 20

Typed by
Prepared by.....

All formalities completed. May renew his/her Name.

Superintendent

Submitted for approval & signature.

Registrar

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. Qualification _____

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

7. Permanent Registration No. _____

8. Any remarks _____

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

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Date_____

Signature of Applicant

Specimen Signature & Photo Attested by Gazetted Officer /Governing Members PMC/ Former Governing Members PMC

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ATTESTED
PHOTO
PASTE HERE
Photo attested by the
Gazetted Officer
/Governing
Members PMC/
Former Governing
Members PMC

Note :- The attesting officer should ensure that the above signatures to be attested are affixed in his/her presence by the doctor.