

**APPLICATION FORM FOR DUPLICATE PROVISIONAL/PERMANENT /
ADDITIONAL REGISTRATION CERTIFICATE**

To

The Registrar,
Punjab Medical Council
SCO No. 25, Phase-I, Mohali.

Sir,

I am enclosing herewith a copy of F.I.R., Self declaration alongwith 2 colour Passport Size Photograph 1 attested by the Magistrate. You are requested to please issue me Duplicate Provisional/ Permanent /Additional Registration Certificate. My registration particular is as under: -

- | | | |
|----|-------------------------|--|
| 1. | Name (in block letters) | |
| 2. | Father's Name | |
| 3. | Qualification | |
| 4. | Regn. No. | |
| 5. | Date of Registration | |
| 6. | Address | |
| | | |
| | | |
| 7. | Bank Draft No. & Dated | |

I hereby undertake that if the said lost certificate of Registration is traced out at any time I shall surrender the same to your office.

Date _____

Signature of Applicant _____

FOR OFFICE USE ONLY

Registration No. _____

Dated _____ 20

B.D. Receipt No. _____

Dated _____ 20

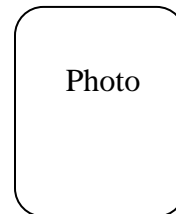
Despatch No. _____

Dated _____ 20

**DUPLICATE PERMANENT / PROVISIONAL/ ADDITIONAL REGISTRATION
CERTIFICATE PHOTOSTAT ATTESTED COPY OF FOLLOWING
DOCUMENTS**

1. Self declaration (demand regarding duplicate registration certificate)
(* Format attached)
2. Copy of F.I.R./DDR
3. 2 pass port size colour photograph one attested by the Magistrate/ Member Punjab Medical Council/ Principal Medical College/ Civil Surgeon.
4. Fee Duplicate Permanent 2000/-, Duplicate Provisional 1000/- and Duplicate Additional 1000/- by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali .

Format of self declaration :- For Duplicate Registration Certificate



I _____ S/o / D/o _____
R/o _____ do
hereby solemnly affirm and declare as under :-

1. That my Punjab Medical Council's Permanent / Provisional / Additional Registration No. is _____.
2. That I had lost my registration certificate somewhere.
3. That I made effort to trace it out but all in vain .
4. That If it is found in the near future, I will not misuse it and will deposit the same with the office.

SIGNATURE OF DOCTOR *

VERIFICATION:-

Verified that the above given contents of my this self declaration are correct & True to the best of my knowledge and belief and noting has been concerned therein

Place:

Date :

SIGNATURE OF DOCTOR *

***(Signature in presence of President, Registrar or Superintendent Punjab Medical Council)**

