

**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 in 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