

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. Residence proof.
7. Screening Test Certificate if graduate out of India
8. One file cover.....
9. Bank Draft N. Dated

*** Personal appearance must.**

Signature of Applicant

Dated _____

FOR OFFICE USE ONLY

Registration No. _____

Dated _____20

B.D.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

DOCUMENT REQUIRED FOR REGISTRATION TRANSFER

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS :

1. Proof of Date of Birth:- Matric Certificate/ Municipal Committee Birth Certificate/ PAN Card etc.
2. Photostat attested copy of degree.
3. Internship Completion Certificate
4. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
5. Two same print Coloured Non-attested Photograph
6. One same print Coloured Non Attested Stamp Size Photograph
7. Photostat attested copy of Permanent Registration Certificate.
8. Screening test pass certificate in graduate out of India.
9. Application form duly filled by the candidate
10. One file cover
11. Residence Proof.
12. **Registration Fee Rs. 3000/- & NOC fee will be charged extra if registered with :-**
 - i. Karnataka Medical Council B..D. Rs. 1000/-
 - ii. Tamilnadu Medical Council B.D. Rs. 1000/-
 - iii. Bihar Medical Council B.D. Rs. 1000/-
 - iv. Madhya Pradesh Medical Council B.D. Rs. 1500/-
 - v. Andhra Pradesh Medical Council B.D. Rs. 200/-
 - vi. Orissa Medical Council B.D. Rs. 100/-
 - vii Sikkim Medical Council B.D. Rs. 1000/-
 - viii Jharkhand Medical Council B.D. Rs. 500/-

By way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali

13. **Personal Appearance must**