APPLICATION FORM FOR ADDITIONAL REGISTRATION

To,

The Registrar,
Gujarat Medical Council,
AHMEDABAD-16.

Respected Sir,

I am to state that I desire to register my following qualification as an Additional Registration with the Gujarat Medical Council which is Recognised by the Medical Council of India, New Delhi in respect of my college and included in the Schedules to the Indian Medical Council Act, 1956.

Full Name in Capital Letters:- (as entered in the M.B.B.S. Regn. Certificate) **SURNAME** **NAME** **FATHER'S NAME**

Additional Qualification:- **QUALIFICATION** **UNIVERSITY'S NAME** **PASSING YEAR**

M.B.B.S. Regn. No.:- **G-** With this Council. _____ Date of M.B.B.S. Regn. _____

My Present Address:-

_____

_____

_____

Ahmedabad,
Dated:-_____

Yours faithfully,

Signature.

The following ORIGINAL Certificates with its XEROX Copies are forwarded.

(1) Only Xerox Copy of M.B.B.S. Registration Certificate issued by the Gujarat Medical Council.

(2) ORIGINAL and XEROX Copies of (1) Passing Certificate, (2) Marksheet, (3) Degree Certificate issued by the concerned University.

(3) ORIGINAL and XEROX Copy of Attempt Certificate issued by the College, for obtaining above Additional Qualification.

(4) Timing for remitting fees : 11-00 to 1-30 and on Saturday 11-00 to 12-30

NOTE: Fees Rs. 300 for each qualification + Rs. 100/- Postage, if desired by Post.