

# Form of Application for Provisional Registration

To,

The Registrar,  
Gujarat Medical Council,  
Opp. Maniben Ayurvedic Hospital,  
B/s. Civil Hospital Post Office,  
AHMEDABAD-380 016.

Sir,

I request you to give the provisional registration under Section 25 of the Indian Medical Council Act, 1956 and to issue the necessary certificate. My Particulars are stated below:-

Name in Full:-

(Beginning with Surname and including father's/husband's name in block letters only) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Maiden Name and Surname in the Case of a married woman (Beginning with Surname in block letters). \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_

Qualification or examination passed \_\_\_\_\_

Name of University or Licensing Body \_\_\_\_\_

Institution from which appeared for the Examination and Number at the Examination \_\_\_\_\_  
\_\_\_\_\_

Date of passing the Examination or of Obtaining the qualification \_\_\_\_\_

## 2. I Forward herewith :-

- (i) +My Birth Certificate  
Matriculation Certificate **OR**  
S.S.C. Examination Certificate **OR**  
School Leaving Certificate in Original  
and
- (ii) +the Degree  
Diploma  
Certificate of passing the qualifying  
Examination which I posses, in Original

These may be returned to me when no longer required.

3. I have been selected for :-

\* **practical training at the** \_\_\_\_\_

(state name of approved institution) \_\_\_\_\_

\* employment in a medical capacity at the \_\_\_\_\_ (state name of Approved institution)

appointment in the medical Services of the Armed Forces of the Union: and I enclose as evidence \_\_\_\_\_

4. The registration fee is Rs.250/- which may be remitted

By cash or Demand Draft

By Money Order or

By Crossed Indian Postal Order

5. I am applying for registration for the first time and I was not registered as a medical practitioner in India before the date of this application.

6. I have carefully read the instructions sent with this form and I certify that the Particulars furnished above are true to the best of my knowledge and belief.

**Yours Faithfully,**

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

(Usual Signature)

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### INSTRUCTIONS

1. All Particulars shall be filled by the applicant only.
2. All particulars should be in legible hand.
3. The registration fee should be sent in person or by money order. When the fee is sent by money order, the postal receipt should be attached with the application.
4. The applicant should remember that their names entered in the application must exactly correspond with their names at the University or the Examination, as the case may be.
5. Certificate from the Dean of the College regarding duration of Internship.
6. Attested copies of all the Original Certificates should be enclosed along with their Originals, otherwise Original Certificates will be retained in the Office of the Council.
7. You are requested to remit Rs.100/- (Extra) if you desire to get your Provisional Registration Certificate by Registered Post.
8. In case of remittance by Crossed postal Order, Rs.20/- extra will have to be sent to meet bank charges for realization of the amount of the Indian Postal Order.
9. Evidence regarding change of Name/Surname be sent viz. Gazette Marriage Registration Certificate, as the case may be.

\* Strike off the alternative not applicable.