

Form 12

(See Rule 75)

Application for Re-entering name in the Registrar

To,

The Registrar,

Goa Medical Council.

- (1) I, the Undersigned (i)..... now holding the qualification (ii).....apply for re-entry of my name in the Register.
- (2) By the order dated (iii)..... The Goa Medical Council, directed my Name to be removed from the Register on a complaint made by (iv).....and the misconduct for which the council directed the removal of y name was(v).....
- (3) Since the removal of my name from the register, I have been residing at (VI)... and my occupation has been (vii).....
- (4) It is my intention if my name is re-entered in the Register to (vii)....
- (5) The grounds of application are (viii)....
- (6) I forward herewith.....
 - (a) The degree/diploma/licence of (ii)..... in original.
 - (b) A certificate of good character from (ix).....

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Signature of the Registered
Practitioner

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- i. Insert full name.
 - ii. Insert qualification if any
 - iii. Insert date
 - iv. Insert name and address of complainant, if any.
 - v. Insert charge on which name was removed.
 - vi. These blanks must be filled in according to circumstances.
 - vii. Insert particulars as to propose future professional occupation.
 - viii. All facts and grounds on which the application is made should be clearly and concisely stated.
 - ix. Insert name of gazetted officer or justice of peace giving the certificate.
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