

FORM - 9

GOA MEDICAL COUNCIL

CERTIFICATE OF PROVISIONAL REGISTRATION

Registration No. _____

This is to certify that Shri/Smt/Kum. _____
Of _____ having passed the Third M.B.B.S. Examination of the
_____ University in the year _____ has been given provisional
registration under the Goa Medical Council Act, 1991, for the purpose of Practical Training
(Internship). This certificate does not entitle the holder to practice medical profession at any place
other than the Medical College, Hospital or its ancillary units.

In witness whereof are herewith affixed the seal of the Goa Medical Council, Bambolim and
the signature of the Registrar.

Subject to the provisions of the said Act, this certificate is valid upto the day of **
_____ or completion of Internship, whichever is latest.

REGISTRAR

SEAL

Dated: _____

N.B. This certificate must be returned to the Council at the time of permanent registration.

* Strike off the alternative not required.

** Here insert the date of validity of certificate.