

GOA MEDICAL COUNCIL

BAMBOLIM GOA.

Ph. No. 2458723

Email: goamedcouncil@rediffmail.com

FORM - 15

FORM OF APPLICATION FOR REGISTRATION UNDER SUB-SECTION (3) SECTION 16.

To,
THE REGISTRAR,
GOA MEDICAL COUNCIL
BAMBOLIM - GOA.

Sir,

I request you to register my name and other particulars as stated below, under the Goa Medical Council Act, 1991 and further to give me a certificate of registration :-

NAME IN FULL (Beginning with Surname
and including *Father's/Husband's name in
BLOCK LETTER) _____

ADDRESS (to be entered in the Register) _____

Maiden name and surname in the case of
married woman (beginning with surname in
BLOCK LETTERS) _____

Nationality _____ Date of Birth _____

Description of qualification of which registration is desired. The name of the University or the Licensing Body should also be stated. _____

Date of obtaining the qualifications. State also the institution from which you appeared for the said examination, alongwith your No. at the examination. _____

1. Date _____
2. Institution _____
3. No. at the Examination _____
4. Examination Centre _____

1. Date _____
2. Institution _____
3. No. at the Examination _____
4. Examination Centre _____

I forward herewith

- i) *My Birth Certificate / Matriculation certificate SSC Examination certificate/School leaving certificate.
- ii) *The Degree/Dopлома/Licence/other evidence in support of my having obtained the qualification on which I possess, in original.
- iii) 2 Passport size photographs.
- iv) Evidence of registration in the Directorate of Health

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1. The Registration fee of Rs. 2050/-* is sent in by Cash / Demand Draft in favour of the Registrar, Goa Medical Council, Panaji - Goa.
2. I am applying for registration for the first time and I was not registered as a medical practitioner under any law in India before this.
3. I am/we provisionally registered under Section 25 of the Indian Medical Council Act, 1956 and enclose the certificate of provisional registration in original.
4. I was/have been registered under the _____ (See the Act or Law) in the year _____ and my registration number is/was _____
5. I have carefully read the instruction sent with this form and certify that the particulars furnished above are true to the best of my knowledge and belief.

Yours faithfully,

Date

(Usual signature)

INSTRUCTIONS

1. All particulars in the application shall be filled by the applicant only.
2. All particulars should be in neat hand.
3. The Registration fee should be sent by Demand Draft only.
4. The applicants should remember that their names entered in the application must exactly correspond with their names at the University or other examination, as the case may be.

SPECIMEN OF PRACTITIONER'S SIGNATURE AS USED ON MEDICAL CERTIFICATE

PRESENT ADDRESS

* Strike-off the alternative not applicable

N.B.: Please also forward copies of certificates and other evidence if any, under para 2 of the application.

HOURS OF PAYMENT : 10.00 am to 12.30 pm & 2 pm to 4 pm
on all working days from Monday to Friday.

* Registration fee Rs. 2000/- plus Rs. 50/- for booklet on code of Medical Ethics.

D.D. should be drawn in favour of the Registrar, Goa Medical Council, Bambolim, Payable in Panaji.