

Form 16

(See Rule 61)

Form of final notice to a registration practitioner for continuance of his name on the Register

To,

(Here mention the name and address of the Medical Practitioner as entered in the Register)

Sir,

I am directed to invite your attention to my notice dated the.....19....., and to give you a final notice as required by clause (b) of section 23 of the Goa Medical Council Act, 1991, Calling upon you, to return to me the enclosed form of application for the continuance of your name in the Register within forty five days from the date of this notice together with a fee of rupees fifty only.

If you fail to return the form of application duly filled in and signed along with the fee of rupees fifty on or before.... Your name will be removed from the register as a defaulter.

Yours faithfully,

Registrar,

Goa Medical Council.

.....

Date.....

*Here enter full address of the Registrar.