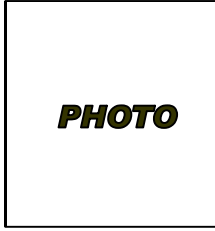




DELHI MEDICAL COUNCIL

Room No. 368, 3rd Floor, Pathology Block
Maulana Azad Medical College, Bahadur Shah Zafar Marg,
New Delhi – 110 002 Phone : 23237962 Telefax : 23234416
Email : delhimedicalcouncil@gmail.com
Website : delhimedicalcouncil.nic.in



Receipt No. _____
Date _____

Bank Draft No. _____ Date _____

APPLICATION FORM FOR REGISTRATION OF ADDITIONAL QUALIFICATION(S)

1. Name of the Applicant (In block letters)

- First Name : _____ Middle Name: _____ Surname : _____

2. Father's Name :

3. Gender : Male / Female

4. Address (Mailing Address): _____ Permanent Address: _____

5. (a) Telephone Number : _____ (b) Mobile No: _____ (c) E-mail Address : _____

6. Date and Place of Birth :

7. Nomenclature of Additional Degree/Diploma obtained with the name of the University/Licensing Body and the year of obtaining the qualification. The subject of post graduation(s) should also be indicated.

S.No	Description of the qualification	Name of the College/Medical Institution	Name of the University/Licensing Body	Year of obtaining the qualification

8. Original Delhi Medical Council Registration Certificate No..... dated..... surrendered and attached herewith.

9. Present Occupation with address :

Date :

Signature of the Applicant

DECLARATION

I solemnly affirm & declare that the above entries made by me are correct, and undertake to abide by the Code of Ethics of Delhi Medical Council and Medical Council of India and by the Rules of Delhi Medical Council.

Date :

Signature of the Applicant

P.T.O.

Note :

1. Copies of relevant additional qualification may be submitted (only Degree Certificate issued by the University will be Entertained)with this application along with originals, which would be returned after verification.
2. The application form should be properly and neatly filled up.
3. Two recent passport size photographs with name and signature at the backside are to be submitted
4. **Bank draft for Rs. 500/- (Rupees Five Hundred only) as non-refundable fee per qualification in favour of the “Delhi Medical Council” payable at New Delhi, should be submitted alongwith the application as fee.**
5. Only post graduate qualifications recognized by Medical Council of India would be entered in the register.
6. Entries of additional qualifications as under(5) would be entered only for those persons who possess a registerable basic medical qualification as included in the schedule to the Indian Medical Council Act, 1956.
7. The Certificate of Registration with Delhi Medical Council shall be required to be submitted, in original, with this application. A new certificate of Registration incorporating the additional qualification(s) shall be issued to the applicant in lieu of the original certificate of Registration submitted by the applicant.

(For Office use only)

Original Delhi Medical Council Registration Certificate No..... dated cancelled.

Registrar

Acknowledgement of receipt of Registration Certificate with Additional Qualification.

Signature of registered person _____

Name _____

Date _____