DELHI MEDICAL COUNCIL

Room 368, 3rd Floor, Pathology Block,
Maulana Azad Medical College, Bahadur Shah Zafar Marg,
New Delhi – 110002 Telefax : 23234416 Phone : 23237962
Email : delhimedicalcouncil@gmail.com Wesbiste : delhimedicalcoundil.nic.in

Receipt No. :

Date :

Bank Draft No. _____ Date _____

APPLICATION FORM FOR RENEWAL OF REGISTRATION

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) Email Address

6. Details of Additional Qualification for incorporation, if any :

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

7. Delhi Medical Council Registration Certificate No. _____ dated _____

   surrendered and attached herewith.

8. Present Occupation with address :

I submit herewith the following :-

a) Three recent passport size photographs with name and signature at the backside

b) Original Delhi Medical Council Registration Certificate

c) Bank Draft No. _____ dated _____ drawn on _____ Bank for Rs. 1000/- (Rupees One Thousand Only) as non-refundable fee in favour of "Delhi Medical Council" payable at New Delhi

Date _____ Signature of the Application

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 Application

Inclusion of additional qualification (if application)

Please submit your application personally or through an authorized representative at the office of Delhi Medical Council, so that your additional qualification certificate can be verified with the original document. The original degree/diploma certificate will be returned immediately after verification and a photocopy of the same will be retained.

For Office Use Only

Acknowledgment of the receipt of Registration Certificate

Received the above document in original

Signature of registered person…….

Name……..

Date…….