

छत्तीसगढ़ आयुर्विज्ञान परिषद्, रायपुर
CHHATTISGARH MEDICAL COUNCIL, RAIPUR
 APPLICATION FORM FOR ADDITIONAL REGISTRATION UNDER

IMPORTANT NOTICE :- Please read the important instruction, before filling this Application Form give on the reverse.

TO,

The Registrar
 Chhattisgarh Medical Council,
 1st Floor, Dr. Balmukund Sharma's Clinic
 Kankalipara, Near Nagar Nigam Ayurvedic Hospital
 Raipur 492001 (C.G.) INDIA
 TEL NO. 0771-2543393

FOR REGISTRAR'S USE ONLY Sr. No. _____

Entered the Specified Addl Medical Qualification(S) in the
STATE MEDICAL REGISTER against Permanent

Regn No. _____

Dated _____

Registrar

Sir,

I. (Dr. _____)

(Please Write here full name in BLOCK LETTER only)

S/o / D/o Shri _____ hereby request you to enter my following
 ADDITIONAL MEDICAL QUALIFICATION(s) in the STATE MEDICAL COUNCIL REGISTER against my name.

The requisite particulars are given as below;

1- I am registered permanently as a Registered Medical Practitioner On _____

With the _____ Under Regn. No. _____

(Write here Name of the Council)

2- I Subsequently obtained the following P.G. Degree/Diploma/Title/Certificate(s) that is/are
 being enclosed herewith in ORIGINAL with its TWO PHOTO-COPIES for Additional
 Registration as below;

(i) _____

(ii) _____

(Name of the Degree/ Diploma)

(Name of the university & Month/Year of Passing)

3- At Present I am holding the post of _____

at _____/ engaged in private Practice at _____

(Cont-----2)

4- My Permanent Postal Address is -----

5- I am here with enclosing a Crossed Bank Draft No ----- Dt- -----
Of Rs. -----towards the Registration fee.

6- I hereby solemnly declare that the above particular given by me are true and complete in every respect.

Yours Faithfully

Dated -----

(Signature of Applicant)

Present Postal Address -----

Of the applicant -----

Pin Code No. -----

Mobile number & Email id. -----

(For OFFICE USE ONLY)

A. The Application form has been checked and found correct for issuing the Addl. Registration Certificate

(Signature of the checker)

B. Received Regn. Fee of Rs. ----- vide M.R. No. ----- Dt. -----

(Signature of the Cashier/Accountant)

Form Sr. No. CGMC -----

Specimen Signature of the Applicant (i) (-----) (ii) (-----)

**(CHHATTISGARH MEDICAL COUNCIL, RAPUR) Tel No 0771-2543393
(FORM DEPOSIT RECEIPT)**

From Sr. No. CGMC -----

(') Received the application Form of Dr, (') -----

Duly filed in alongwith the requisite Photo Copies/Bank Draft of Rs -----

and the -----

Raipur Dated -----

(Signature of the Receipt Clerk)

(;) Here in there Column all the required information may be completed the applicant except the sing of the receipt Clerk)

(AUTHORITY LETTER)

I Dr. ----- hereby authorise shri/Smt./K-----

(Whose usual signature is being attested by me hereunder below to receive my Permanent Registration Certificate and the other originals (if any)from the Registrar, Chhattisgarh Medical Council, Raipur .

(Applicant Signature)

Dated; -----

(Signature of the authorized Person) (Signature of the Applicant for the said attested of the signature)

(IMPORTANT INSTRUCTIONS FOR THE APPLICATION).

- 1- The application form must be filled in BLOCK CAPITAL LETTER ONLY by the applicant in his/her own handwriting
- 2- The Application is required to submit his/her **original P.G. Degree/Diploma/Attempt/ Mark Sheet Certificate (S) With its TWO PHOTO COPIES** (For which additional registration is required) Along with the Application form . There is no need to deposit / to sent the ORIGINAL REGISTRATION CERTIFICATE OF THE PERMANENT REGISTRATION (except In the case of change of surname only for female doctor (s) of the medical council but each applicant is required to deposit to sent one photo copy of her/her permanent registration certificate duly attested by some other registered medical Practitioner of this medical council.
- 3- All the Original (except the Affidavit) will be returned back to the applicant after doing the needful in person or by registered post alongwith the Addl. Registration Certificate as the case may be.
- 4- The registration fee will be accepted only through Crossed bank draft OF STATE BANK OF INDIA and should be payable at RAIPUR in favour of Registrar C.G. Medical Council Raipur Fees in Cash /by/Money order / by postal order and by cheques will not be accepted.
- 5- Application Form recived with any missing of the required information /over writing /cutting will not be considered for the issue of additional registration certificate
- 6- The applicant is required to enclose a self addressed envelope of 4*9 size (duly affixed a postal stamp of Rs 5 only) alongwith the application form in case if he/she deposits the form and wants the APPLICATION FORM DEPOSITE RECEIPT from the office.
- 7- The additional regn. Certificate will be issued after a period of Two Months from the date of receipt of the form & Fee and will be sent by registered post at the present address of the applicant as given in the application form by the applicant.
- 8- The Addl. Registration Certificate can also be received in person by the applicant after the due period from the office of the Registrar C.G. Medical Council Raipur on any working day between 2.30 to 4.30 P.M. on submission of the form deposit receipt and money receipt of the C.G. medical council and in case of any REPRESENTATIVE or relative of the applicant an AUTHORITY LETTER will also be required extra duly completed in the prescribed proforma as given in this applicant form below -..