

**FORM- 6**

(See Rule 29 (3))  
Arunachal Pradesh Medical Council

**APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION(S)**

Receipt No.....

Date.....

**(For office use)**

To,

The Registrar  
Arunachal Pradesh Medical Council  
Naharlagun

Affix passport  
size photograph  
attested

Sub:- **Registration of additional qualification**

Sir,

I am a registered practitioner of Arunachal Pradesh Medical Council and my Registration No. is ..... I have acquired an additional qualification in modern system of medicine and desire to register the same. My particulars are as under :-

- 1 Name of the Applicant (in block letters) :
- 2 Mother's Name :
- 3 Father's/ Husband's Name :
- 4 Gender :
- 5 Date of Birth (date, month, year) :
- 6 Nationality :
- 7 Category (General/ APAST) :
- 8 (a) Residential Address :

(b) Permanent Address :

(c) Professional Address :

9 Telephone No./ Mobile No./ Fax No./ :  
E-mail ID

10 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:

Sl. No	Description of Qualification	Name of the College/ Medical Institution/	Name of the University/ Licensing body	Year of obtaining the qualification

I hereby submit a Bank Draft No..... Dated ..... obtained from (Bank).....for Rs.1000/- (Rupees one thousand) as non-refundable fee in favour of “Arunachal Pradesh Medical Council” payable at Naharlagun.

**DECLARATION**

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Arunachal Pradesh Medical Council and Indian Medical Council and by the Rules of Arunachal Pradesh Medical Council.

Date:.....  
**Applicant.**

**Signature of the**

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**Note:**

1. Copies of relevant additional qualification may be submitted with this application along with originals, which would be returned after verification.
2. Only post graduate qualification(s) recognised by the Medical Council of India would be entered in the register.
3. Entries of additional qualification(s) 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.
4. The certificate of Registration with Arunachal Pradesh Medical Council shall be required to be submitted, in original, with this application.
5. Two recent pass port size photographs with name and signature at the backside.
6. Bank Draft for Rs.1000 /- (Rupees one thousand) in favour of “Arunachal Pradesh Medical Council” payable at Naharlagun (non refundable)

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**(for office use only)**

Received the above documents in original.

Signature of registered  
person.....

Name

Date.....

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