

FORM- 8

(See Rule 30 (i))

Arunachal Pradesh Medical Council

APPLICATION FOR PROVISIONAL REGISTRATION

Receipt No.....

Date.....

(for office use)

To,

The Registrar
Arunachal Pradesh Medical Council
Naharlagun

Affix passport
size
photograph
attested

Sub:- **Provisional Registration.**

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Provisional Register of Arunachal Pradesh Medical Council as required under Section 9 (2) of the Arunachal Pradesh Medical Council Act 2004 (Act No.4 of 2004).

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/ APST) :

8 Address: :
(a) Residential Address

(b) Permanent Address :

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

Contd...2/-

10 Details of Qualification:

(a) General Degree:

Sl. No	Description of Qualification	Name of the School/ College	Name of the Board/ University	Year of Qualification

(b) Medical Degree:

Sl. No	Description of Qualification	Roll No/ Registration No.	Name of the Medical College/ Institution	Name of the University/ Licensing Authority	Year of passing

11 Name of the Institution where applicant has been selected for practical training (whether the Hospital or Institution) where such training is to be undertaken is recognised by the Medical Council of India :

12 Name of the Medical College attended :

I hereby submit a Bank Draft No..... Dated obtained from (Bank).....for Rs.500/- (Rupees five hundred) 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:.....

Signature of the Applicant.

Note:

1. Application to be submitted at the office of the Arunachal Pradesh Medical Council along with three recent passport size photographs.
2. Provisional degree/ diploma or provisional certificate of having passed the MBBS examination issued by the Dean of the College/ University in original along with relevant copies be forwarded with this application. The original will be returned with the provisional certificate of registration.
3. Certificate of date of birth
4. Bank Draft for Rs.500/- (Rupees five hundred) in favour of “Arunachal Pradesh Medical Council” payable at Naharlagun (non refundable).

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date.....
