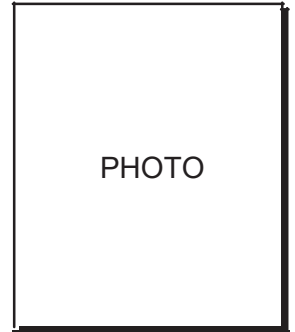


TELANGANA STATE MEDICAL COUNCIL

DM & HS Campus, Sultan Bazar, Hyderabad - 500 095.

Application form for Registration of Additional Qualification



From : (Permanent Address)

Dr.

My Date of Birth :

Mother's Name :

E-mail ID :

Blood Group :

To,
The Registrar,
T.S. Medical Council
Sultan Bazar,
Hyderabad - 500 095.

Sir,



**Sub : Medical Registration - Registration of P.G.
Medical Qualification - Regarding**

I, Dr,..... under signed has registered with
AMC / HMC / APMC / TSMC under Registration No. on Subsequently,
I have completed Post Graduate Diploma / Degree / Super Speciality as detailed below :

P.G. Qualification	Name of the University, Month & Year of acquiring P.G. Qualification (Final Exams)	Name of the Medical College / Institution
	M.B.B.S. College :	

I request you to kindly enroll the above said P.G. Qualification in the record under provisions of IMC Act, 1956 and may be issued the Registration Certificate of Additional Qualification for my record at an early date. The necessary Fee is paid herewith in the shape of Demand Draft drawn in favour of **Telangana State Medical Council.**

Yours faithfully,

(Dr.)

Enclosures:

- Fee : PG Diploma Rs. 2,100/-, PG Degree Rs. 3,100/-, Super Speciality Rs. 5,100/-** paid in the shape of DD favouring "**Telangana State Medical Council, Hyderabad**" from **Andhra Bank or any Nationalized Bank.**
- PG Degree / Diploma / Super Speciality in Original and its Copy.
- Copy of MBBS Registration Certificate (Both sides of the Certificate)
- Proof of Date of Birth (SSC / CBSC)
- Study Certificate from concerned PG Medical College.
- One Passport Size photo.
- Tatkal fee Rs. 2,000/- extra for issue PG Registration Certificate on the same date at 3 p.m. to 5 p.m.
- Other conditions as may be applicable.

D.D.No. _____ Date: _____ Rs. _____

REGISTRAR