E-mail: telanganamedicalcouncil@gmail.com

registrar@tsmconline.in

Website: www.tsmconline.in

TELANGANA STATE MEDICAL COUNCIL

DM & HS Campus, Sultan Bazar, Hyderabad - 500 095. **Application form for Issuing No Objection Certificate**

Phone: 040-24657639

Mobile: 8125828958, 7842707925

From :			
(Applicant's Perm	,		
Full Name (Includ	ing Surname)		
Father's Name			
Mother's Name_			
Date of Birth		Gender	
Blood Group	E-mail ID		
Permanent Addres	SS		
Pincode	Phone	Aadhar No	
Sir, Sub:	Registered with TSMC - No Object of Registration with	·	
Ref:	My Registration No		
	***	*	
	unders		
	n Noon		
Maharashtra / Tamilnadu / Kerala / Delhi / for the purpose of doing Post Graduation / Private Practice. Therefore I request to issue me No Objection Certificate to enable me to register			
	•	•	_
	State Medical Council. I am submit		· ·
•	ration Certificates of Post Graduate aring No da	•	•
	undred only) drawn in favour of TE		• •
	c of India or any Nationalized Ba		
I request to	issue me No Objection Certificate to	enable me to register with the	state Medical Council
specified above.	•	Yours faith	ıfully,
Requirements /	Enclosures:	(Signature of th	e Doctor)
•	Registration Certificate (Both side	, -	-
2 Registration Certificate of Additional Qualification (if registration done)			

- Registration Certificate of Additional Qualification (if registration done)
- 3. NOC fee Rs. 3,150/- In case of Tatkal Additional Rs. 2,000/- UPI and Card Payments accepted. Additional Rs.100/- are charged for card transaction at offline application submission and Rs.150/- are charged at online application submission
- 4. Letter of Authorisation, in the event the candidate is unable to submit the application in person and obtain the No Objection Certificate (The recipient shall bear any of the identity Cards, generally acceptable). The letter of authorisation shall be in writing, duly signed by the applicant and addressed to the Registrar, Telangana State Medical Council, Hyderabad.