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registrar@tsmconline.in
Website : www.tsmconline.in

Phone : 040-24657639
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Application for Provisional Registration for other Country
TELANGANA STATE MEDICAL COUNCIL
DM & HS Campus, Sultan Bazar, Hyderabad - 500 095.

Recent
Passport Size
Photograph Affixed
and Attested by
Principal of
Medical College
concerned

To,
The Registrar,
TELANGANA STATE MEDICAL COUNCIL
Sultan Bazar, Hyderabad - 500 095.
Sir,

I have the honour to request that my name, address and qualifications as stated below may be registered under the Telangana State Medical Practitioners Registration (Amendment) Act, 1968 (Telangana Adaptation) order, 2014 and that I may be furnished with a certificate of Registration.

Full Name (Including Surname) : _____

(Full Name should be written irrespective of the entry in the degree or other certificates)

Surname should be written first & in full

Father's Name : _____

Mother's Name : _____

Date of Birth : _____ Gender _____

Blood Group : _____ E-mail ID _____

Permanent Address : _____

Pincode _____ Cell _____ Aadhar No. _____

Medical Qualification of which Registration is required, Name of the University	Medical College and place where each was obtained	Month and Year of obtaining the Qualification

The Originals and the attested copies of required papers are sent submitted herewith. The originals may kindly be returned when no longer required.

Yours faithfully,

The above facts are true to the best of my knowledge

Requirements for **PROVISIONAL MEDICAL REGISTRATION** : (Signature of the Doctor)

1. Provisional Registration for other country fee Rs.5,150/- (Postal charges included).UPI and card Payments are accepted Additional Rs.100/- are charged for card transaction.
2. MBBS Degree
3. Internship Completion Certificate
4. Transcripts Records
5. NOC- University
6. Migration Certificate
7. NMC Screening Certificate
8. MCI Eligibility Certificate
9. SSC Xerox Copy
10. Affidavit
11. Intermediate Xerox Copy & Verification test
12. Full Passport Visa Entries
13. All Xerox copies should be attested by with any Gazetted Officer.

D.D.No.

Date :

For Rs.

REGISTRAR

* Other requirements for medical graduates from other countries may be enquired.