

TELANGANA STATE MEDICAL COUNCIL**DM & HS Campus, Sultan Bazar, Hyderabad - 500 095.****Application for Renewal / Re-Registration**

(See Section - 15AA / 15C(3) of A.P Medical Practitioners Registration (Amendment) Act, 2013)

Adaptation to the State of Telangana vide G.O.Ms. No. 68 HM&FW (C1) Dept., Dt. 03-08-2015)

To,

The Registrar,

TELANGANA STATE MEDICAL COUNCIL

Sultan Bazar, Hyderabad - 500 095.

Affix recent
Passport Size
Photograph duly
Attested by any Civil
Surgeon / Principal of
any Medical College /
Superintendent of
any Hospital. if candi-
date submits its applica-
tion personally self
attestation is sufficient.

I undersigned Dr.....registered with
Telangana State Medical Council / A.P. Medical Council under Registration No.....dated
.....I have complied with the requirements of Section - 15AA / 15C(3) of A.P. Medical Practitio-
ners Registration Act. 1968 (Amendment Act, No. 10 of 2013) Adaptation to the State of Telangana vide
G.O.Ms.No. 668 HM&FW (C1) Dept, Dt.03-08-2015 and the rules made thereunder.Necessary Fee is
paid here with in the shape of Demand Draft drawn in favour of Telangana State Medical Council.
I request that Renewal / Re-Registration may be granted, and a certificate be issued to that effect. The
details are as under.

Name of the Doctor :

Father's Name.....Mother's Name.....

Date of Birth.....Gender.....Blood Group.....

Last Registration No. & Date :

Qualification / College & Universtiy :

I. Are you practicing : YES / NO

II. If Practicing at which place and designation?.....

Permanent Address.....

Pincode :E-mail ID :

Cell No.:Alternative Number :

Aadhar No.....

Medical Qualification for which Renewal / Re-Registration is required	Name of the Medical College / University where the Degree was obtained	Details of Registration No. and Date
M.B.B.S.		
Addl. Qualifications		

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

The above facts are true to the best of my knowledge.

Yours faithfully,

(P.T.O.)

(Signature of the Doctor)

REQUIREMENTS FOR RENEWAL / RE-REGISTRATION

1. **In case of Renewal of Registration** : Rs.2,100/- UPI and card payments accepted. Additional Rs. 100/- are charged for card transaction at offline application submission and Rs.150/- are Rs.200/- are charged at online application submission. Every Registered Medical Practitioner shall renew his Registration after expiry of the period of five years from the date of his/her original Registration with a grace period of 1 year. After grace period **1 year delay fee of Rs. 500/-** per year will be charged to the maximum of **Rs. 2,000/-**. **In case of Tatkal additional fee of Rs. 2,000/-**
2. Final Medical Registration Certificate / Renewal or Registration Certificate issued by A.P. Medical Council (**issued in combined state**) / **TSMC** in original and its copy and certificates of Registration of Additional Qualifications if any.
3. Proof of Date of Birth (Copy of relevant certificate, optional).
4. One Recent Passport Size Photograph.
5. Certificate postal charges Rs. 150/- (included in the fee)
6. CME credit points 30 points

D.D. No.....Date.....

Bank Name.....

Rs.....Bank Code.....

Bank Branch.....

REGISTRAR

The Application may be downloaded from our Website : www.tsmconline.in