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## TELANGANA STATE MEDICAL COUNCIL

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

### Application for Issue of Goodstanding Certificate

PHOTO

From :

Dr. Name :

D.O.B.

Mother's Name :

E-mail ID :

Mobile & Alternative No.

Aadhar No.

Address :

Blood Group :

To,

**The Registrar,**

T.S. Medical Council,

Sultan Bazar,

Hyderabad - 500 095.

+ + + +

Sir,

**Sub : Issue of Goodstanding Certificate**

**Ref : My Registration No.\_\_\_\_\_**

I u n d e r s i g n e d D r .

.....  
S/o. / D/o..... has  
r e g i s t e r e d  
with AMC / HMC / APMC / TSMC under Registration No.....on

Yours faithfully,

(Signature of the Doctor)

#### **Enclosures :**

1. Copy of the Medical Registration Certificate.
2. Goodstanding certificate fee Rs.8,150/- (postal charges are included). In case of Tatkal additional Rs.2,000/- UPI and card payments are accepted. Additional Rs.100/- are charged at offline application submission and Rs.200/- are charged at online application submission.

#### **SPECIMEN SIGNATURES**

1)

2)

3)

REGISTRAR