APPLICATION FORM FOR ADDITIONAL REGISTRATION

AITLICATIO	TORNI FOR ADDI	HONAL REGIST	KATION
To, The Registrar, Gujarat Medica AHMEDABAD			
Respected Sir,			
I am to state to Registration with the Gujarat I New Delhi in respect of my con 1956.		Recognised by the Me	dical Council of India,
Full Name in Capital Letters:- (as entered in the M.B.B.S. Recertificate)	SURNAME gn.	NAME	FATHER'S NAME
Additional Qualification:-	QUALIFICATION	UNIVERSIT NAME	
M.B.B.S. Regn. No.:- G -With this Council.		Date of M.B.B.S. Regn.	
My Present Address:-			

Signature.

Yours faithfully,

The following ORIGINAL Certificates with its XEROX Copies are forwarded.

- (1) Only Xerox Copy of M.B.B.S. Registration Certificate issued by the Gujarat Medical Council.
- (2) ORIGINAL and XEROX Copies of (1) Passing Certificate, (2) Marksheet, (3) Degree Certificate issued by the concerned University.
- (3) ORIGINAL and XEROX Copy of Attempt Certificate issued by the College, for obtaining above Additional Qualification.
- (4) Timing for remitting fees: 11-00 to 1-30 and on Saturday 11-00 to 12-30

Ahmedabad,

Dated:-____

NOTE: Fees Rs. 300 for each qualification + Rs. 100/- Postage, if desired by Post.