

Tamil Nadu Medical Council (Chennai)

Application for Additional Qualification Registration

Permanent Address :

Name :

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To

The Registrar,
Tamil Nadu Medical Council,
D-Block, 1st Floor,
T.N.H.B. Complex,
Jawaharlal Nehru Salai,
100 Feet Inner Ring Road,
Vadapalani, Chennai - 600 026.

Three copies of the
passport size photos
of which one should
be affixed in the
space provided for
and the others
enclosed to the
Application form.

Dated :

Sir,

- I have the honour to request you kindly to register my additional qualification details of which are furnished overleaf.
- I am sending herewith the following Xerox copies to register my additional qualifications.
 - Medical Regn. Certificate No..... dated
(Xerox Copy)
 - Diploma / Degree relating to my Additional Qualification (Xerox Copy)
 - Name of the College and the University in which the Additional Qualification is obtained.
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 - Month and Year of Passing the Additional Qualification
- Fee for Additional Qualification Name of the Bank :
Degree - Rs. 800/-
Diploma - Rs. 400/- Branch Name :
- Draft alone will be accepted and it should be in favour of :
The Registrar, Tamil Nadu Medical Council, Chennai. D.D. No. /
- Self addressed envelope affixed with postage stamps date
for Rs. 42/- (Size 13" X 9")

(P.T.O)