

6.	Name in full (surname, with the full significance of the initials)
7.	Father's Name
8.	Original qualifications
9.	Name of the Medical Council and the Number and date of registration certificate
10.	Additional qualifications in respect of which registration is sought.
Date :	Signature of the candidate
<i>(To be filled in by the office only)</i>	
1.	Fee for additional qualifications
2.	Date of payment
3.	Date of production of the evidence of qualifications
4.	Date of registration of additional qualifications
Remarks if any (By the Registrar only)	