

# TAMIL NADU MEDICAL COUNCIL, CHENNAI.

## APPLICATION FOR IDENTITY CARD

FROM :

Stamp Size  
Photo

TO

The Registrar,  
Tamil Nadu Medical Council,  
Chennai - 600 026.

1. Name of the Applicant :
2. Father's Name :
3. Qualification :
4. Regn. No. :
5. Date of Regn. :
6. Address :

Pincode :

7. Date of Birth :  
(Evidence should be attached)
8. Phone Number :

Place :

Date :

SIGNATURE OF APPLICANT

### INSTRUCTIONS

1. All details to be filled in Capital and Bold letters only.
2. Three recently taken Stamp size photographs should be sent, one affixed in the space provided for and others enclosed to the Application Form.
3. Xerox copy of Medical Registration certificate.
4. Xerox copy of Photo identification (i.e. driving licence / voters I.D. card / Passport / or any other proof for identification).
5. Affix postage stamps for Rs. 22/- on the self addressed envelope which is attached herewith.