

FOR OFFICE USE	
REGN. NO.	

TAMIL NADU MEDICAL COUNCIL

CHENNAI – 26

APPLICATION FOR PERMANENT REGISTRATION

Permanent Address of Applicant

Name (IN BLOCK LETTERS)

Phone No _____

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.

Sir,

I have the honour to request that my name may be registered under the Madras Medical Registration Act, (IV of 1914) and that I may be furnished with a Certificate of Registration.

1. The following Original Certificates and Xerox copies are enclosed herewith:
 - (a) Provisional Certificate M.B. & B.S., (obtained on completion of C.R.R.I.) or Degree from the University.
 - (b) Certificate of Compulsory Rotatory Internship from the College,
2. The Registration fee of Rs.2500/- (Rupees Two Thousand Five Hundred only) paid by Demand Draft from a Nationalised Bank drawn in favour of the Registrar, Tamil Nadu Medical Council, Chennai-26.
3. 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.
4. I hereby declare to abide by the Code of Medical Ethics.
5. The informations required for registration are provided on the reverse.

FOR OFFICE USE
Application No.....
Date.....

Yours faithfully,

Signature

1. Applicant's Name in Full (in BLOCK LETTERS) (The full Expansion of the initials which stand before the name should be given in brackets)	
2. Father's Name (in BLOCK LETTERS)	
3. Place and Date of Birth	
4. Sex	
5. Nationality	
6. Medical Qualification of which registration is required (Original and Xerox copy of the provisional pass certificate after having satisfactorily completed the House Surgeony to be attached or Original and Xerox copy of the Degree attached)	
7. Name of the University and the Medical College where each was obtained.	
8. Month & Year of completion of Internship.	
9. Whether registered already provisionally in this council. If so, please quote the provisional Registration Number and Date.	
10. Name of Institution / Hospital in which internship was Completed (Original and Xerox copy of internship completion certificate to be attached)	
11. Whether registered already permanently in any other State Medical Council. If so, please furnish a Original and Xerox Copy of the permanent Medical Registration Certificate and "No Objection Certificate" from the State Medical Council.	

I declare that the particulars given above are in every respect complete and true.

Date:

.....
Signature of applicant

TAMIL NADU MEDICAL COUNCIL, CHENNAI.

APPLICATION FOR IDENTITY CARD

FROM :

FOR OFFICE USE	
Regn. No.	
Date:	

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. Address :

Pincode :

5. Date of Birth :
(Evidence should be attached)
6. 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. Affix postage stamps for Rs.22/- on the self addressed envelope which is attached herewith.

INSTRUCTIONS

1. All Particulars of the application must be filled in neat legible hand.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.
3. All original certificates required should be submitted in original with xerox copies while submitting the Application form.
4. Three recently taken passport size photographs should be sent, one affixed in the spaces provided for and the other enclosed to the Application Form.
5. The Registration fee once paid is not refundable whether the application for registration is accepted or not.



ACKNOWLEDGEMENT

Received back the original Certificates after verification.

Received my Permanent Medical Registration Certificate.

Signature.....

Signature.....

Date.....

Date.....

NOTE : CANDIDATES SHOULD COME IN PERSON TO COLLECT THE
MEDICAL REGISTRATION CERTIFICATE.

DECLARATION

At the time of registration, each application shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

- 1) I solemnly pledge myself to consecrate my life to service of humanity.
- 2) Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- 3) I will maintain the utmost respect for human life from the time of conception.
- 4) I will not permit consideration of religion, nationality, race, party
- 5) I will practise my profession with be my first consideration.
- 6) The health of my patient will be my first consideration.
- 7) I will respect the secrets which are confides in me.
- 8) I will give to my teachers the respect and gratitude which are their due.
- 9) I will maintain by all means in my power, the honour and noble traditions of medical profession.
- 10) I will treat my colleagues with all respect and dignity.
- 11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honour.

Signature.....

Name.....

Place.....

Address.....

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Date :.....