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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. Medical Qualification entitling to provisional
registration

4. Date and year of passing examination

5. College and University where it was obtained

6. Name of Medical institution in which the applicant
is selected for undergoing house surgery

7. Period of house surgery viz. date of
commencement and completion.

ANY REMARKS : (By the Registrar only)

Amount / Receipt No.....

Date

Application No.....

Date.....

Provisional Registration Certificate No.....

Date.....

Initials of the Registrar and Date