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 (Original and Xerox Copy to First page of S.S.L.C. Book to be attached or Evidence of 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 Housed Surgeoncy to be attached or Original and Xerox Copy of the Degree attached).	
7. Medical College and University where each was obtained.	
8. Month & Year of completion of Internship.	
9. Whether registered already Permanently in this council. If so, please quote the Permanent Registration Number and Date.	
10.The circumstances under which the original Medical Registration certificate was lost.	
11.Why a duplicate copy of the certificate is required now.	

All the facts stated above are true and correct to the best of my knowledge and belief.

Yours faithfully,

Date Signature of Applicant

SPACE FOR REGISTRAR'S OFFICE

Amount / Receipt No. and Date

Application No. and Date

Registration Certificate No. *Initials of the Registrar and Date*