

# TAMIL NADU MEDICAL COUNCIL, CHENNAI.

## APPLICATION FOR RENEWAL OF IDENTITY CARD

TO

The Registrar  
Tamil Nadu Medical  
Council, Chennai- 600 106.

Stamp Size  
Photo

1. Name of the Applicant :
2. Father's Name :
3. Qualification :
4. Regn. No. :
5. Date of Regn. :
6. Permanent Address for official record  
& Identity Card Purpose :

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

Name of the Bank : .....

8. Phone Number :  
(Land line with STD Code)

Branch Name .....

9. Mobile Number :

D.D. No. ....

10. E-mail :

Date .....

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. The prescribed fee for issuing identity card is Rs. 150/- by Demand Draft.
4. Draft alone will be accepted and it should be drawn in favour of the Registrar, Tamil Nadu Medical Council, Chennai.
5. Xerox copy of Medical Registration certificate.
6. Xerox copy Photo identification (i.e. driving licence / voters I.D. card / Passport / or any other proof for identification.
7. Affix postage stamps for Rs. 22/- on the self addressed envelope which is attached herewith
8. Further enquiry:- Please contact Telephone No 26265678