



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. Name of the University and the Medical College where each was obtained.	
6. Medical Qualification of which registration is required (Original and Xerox copy of the provisional pass certificate after having satisfactorily completed the House Surgery to be attached or Original and Xerox copy of the Degree attached)	

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

.....  
Signature of applicant

### DECLARATION

At the time of registration, each applicant 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 considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- 5) I will practice my profession with conscience and dignity.
- 6) The health of my patient will be my first consideration.
- 7) I will respect the secrets which are confined in me.
- 8) I will give to my teachers the respect and gratitude which is 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 .....

# TAMIL NADU MEDICAL COUNCIL, CHENNAI.

## APPLICATION FOR IDENTITY CARD

FROM :

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 :

(To be printed in the  
Identity Card)

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.

**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 in the University Certificate and in the Medical Registration Certificate of Tamil Nadu Medical Council.
3. The Registration fee once paid is not refundable whether the application for New Medical Registration is accepted or not.
4. New Medical Registration Certificate will be issued only to the registered Medical Practitioners of the Tamil Nadu Medical Council, Chennai.

This Column is provided for scanning purpose only.

Registration Certificate No :

Passport  
Size Photo

Signature of the Applicant

**Address for Mailing :**

For Mailing New Medical Registration Certificate

To .....

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For Mailing Identity Card

To .....

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