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## ANDHRA PRADESH MEDICAL COUNCIL

SULTAN BAZAR, HYDERABAD - 500 095.

### Application Form for Registration of Additional Qualification

From (Address):  
Dr.

To  
The Registrar,  
A.P. Medical Council  
Sultan Bazar,  
Hyderabad - 500095.

Phone No:  
Sir,



### Sub: Medical Registration - Registration of P.G. Medical Qualification - Regarding.

I, Dr. \_\_\_\_\_ under signed has registered with  
IMC/APMC under Registration No \_\_\_\_\_ on \_\_\_\_\_. Subsequently,  
I have completed Post Graduate Diploma / Degree as detailed below:

P.G. Qualification	Name of the University, Month & Year of acquiring P.G. Qualification (Final Exams)	Name of Medical College/Institution

I request you to kindly enroll the above said P.G. Qualification in the record under Provisions of IMC Act, 1956 and may be issued the **Registration Certificate of Additional Qualification** for

My record at an early date. The necessary Fee is paid herewith in the shape of Demand Draft Drawn favour of **A.P. Medical Council**.

My date of birth is \_\_\_\_\_.

Yours faithfully,

(Dr. \_\_\_\_\_ )

**Enclosures :**

- 1) Copy of M.B.B.S. Registration Certificate
- 2) D.D. for Rs.                      Favouring **“ANDHRA PRADESH MEDICAL COUNCIL”**  
From Andhra Bank only (for each qualification)
- 3) Proof of Date of Birth
- 4) P.G. Degree/Diploma in Original with one copy each.  
Fee for Diploma Rs. 1000/- P.G. Degree Rs.1 000/- & Sup.ar Specialty Rs. 1000/-
- 5) Proof of Stucy for PG Course in the college (Study Certificate Original & Copy)

REGISTRAR