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ANDHRA PRADESH MEDICAL COUNCIL, SULTAN BAZAR,
HYDERABAD - 500 095

**FORM OF APPLICATION FOR OBTAINING THE DUPLICATE CERTIFICATE
OF MEDICAL REGISTRATION**

(See Section 18 of A.P.M.P. Reg. Act, 1968 - amended as Act No.28/86)

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1. As the original certificate of Medical Registration cannot be issued, a Duplicate copy Of the Medical Registration Certificate may be issued to the candidate on submitting This form to the Registrar, Andhra Pradesh Medical Council, Hyderabad, duly filled In and the Identity Certificate given below duly certified together with the prescribed Fee.
2. The Candidate is instructed to be very careful about the entries to be made in the Under mentioned columns. All the entries should be in the candidate's own Handwriting and candidate will be held personally responsible for any incorrect entry That he/she makes.
3. The name of the candidate and that of his father: given here under should correspond to that mentioned in the Registration Certificate/M.B.B.S Degree

I solemnly and sincerely swear off that my Registration Certificate is lost/is not in a Proper conditions, the certificates are enclosed and pray that a Duplicate copy of the Certificate of Registration may be issued to me.

Dated:

SIGNATURE

NAME OF THE DOCTOR
(In Block Letters)

FATHER'S NAME
ADDRESS

DATE OF BIRTH

Particulars Of Examination Passed	Month & Year of internship completed	Name of University and Medical College	Registration No. & Date
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Signature of Doctor

REQUIREMENTS :

1. An Affidavit attested by either judicial or executive magistrate.
2. Police Report to the effect that the original Registration Certificate is lost and not traced out.
3. Copy of Medical Registration Certificate
4. Proof of Date of Birth.
5. D.D. for Rs.2500/- drawn in favour of "A.P.MEDICAL COUNCIL"
From Andhra Bank.
6. Spare Photos - Two Passports :Colour.

IDENTIFICATION CERTIFICATE

**Recent
Passport Size
Photograph
Affixed
and Attested by
Principal/
Medical College/
Hospital**

Signature of Doctor_____

This is to certify that Dr._____

S/o_____ **is the same candidate who**

have Passed M.B.B.S Examination from_____

and Internship completed at_____ **Hospital**

on_____.

The candidate has signed this Certificate in my presence and bears the following Identification marks:

1.

2.

**Signature of the Attesting
Officer**