

PHONE : 040 24657639
65577343

**Application for Final Medical Registration with
ANDHRA PRADESH MEDICAL COUNCIL**

To,
The Registrar,
ANDHRA PRADESH MEDICAL COUNCIL,
Sultan Bazar,
Hyderabad - 500 095.
www.apmedicalcouncil.com Email:apmedicalcouncil@sify.com

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

Sir,

I have the honor to request that my name, address and qualifications as stated below may be registered ~ndhra Pradesh Medical Practitioners Registration (Amendment) Act, 1986 and that I may be furnished flcate of Registration.

FULL NAME (Including Surname).....

FATHER'S NAME

(Not to write Mother/guardian name)

DATE OF BIRTHSEX

PERMANENT ADDRESS.....

.....

.....**Phone.....**

Medical Qualification for which Registration is required, Name of the University	Medical College place where each was obtained	Month and year of Internship Completed

The originals and the Attested Copies of required papers are senUsubmitted herewith. The Originals may kindly be turned when no longer required.

The above facts are true to the best of my knowledge.

Yours faithfully,

(Usual Signature of the Candidate)

Requirement for for *FINAL MEDICAL REGISTRATION*:

1. **D.D. For Rs.2500/-** in favour of **“ANDHRA PRADESH MEDICAL COUNCI”** from **ANDHRA BANK** only.
2. MBBS Degree in original and its copy.
3. Internship Certificate in original signed by Principal and its copy.
4. Provisional Registration Certificate and its attested copy.
5. Proof of Date of Birth original and a copy.
6. ETHICS AWARENESS CERTIFICATE
Signed by Principal and Member of APMC
7. Late Fee - in case of Delay - Beyond one year.

D.D. No.

Date:

For Rs.

REGISTRAR
