Website: apmedicalcouncil.com
Email: apmedicalcouncil@sify.com

ANDHRA PRADESH MEDICAL COUNCIL

SULTAN BAZAR, HYDERABAD – 500 095.

Application for ISSUE Of GOODSTANDING Certificate

From (Address):
Dr**.**

To
The Registrar,
A.P.Medical Council
Sultan Bazar,
Hyderabad – 500 095.

Phone No:

Sir,

✧ ✧ ✧ ✧

Sub: Issue of Good standing Certificate.

Ref: My Registration No……..

I under signed Dr……
S/o./ D/o…….....has registered with AMC/HMC/APMC under Registration No……..on…….
The said certificate copy is enclosed herewith for your kind perusal. As I am leaving for abroad for the purpose of Job / Study, I request you to kindly issue me a Good standing Certificate which they required. The necessary fee of Rs.2000/- is paid herewith. Please accept the same and issue me the said Good standing Certificate as early as possible.

Yours faithfully,

(Dr. …….)

Encl. : 1. Copy of the Medical Registration Certificate.
2. D.D. for Rs.2000/- drawn in favour of
"A.P.Medical Council, Hyderabad" from Andhra Bank only**.**

SPECIMEN SIGNATURES

1) **2)** **3)**

Registrar