

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

To,
The Registrar,
ANDHRA PRADESH MEDICAL COUNCIL,
Sultan Bazar,
Hyderabad – 500 095.

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

Sir,

I have the honor to request that my name, address and qualifications as stated below may be registered under the Andhra Pradesh Medical Practitioners Registration (Amendment) Act, 1986 and that I may be furnished with a certificate of Registration.

Recent
Passport Size
Photograph
Affixed
and Attested by
Principal of
Medical College

FULL NAME (Including Surname) : _____
(Full Name should be written irrespective of
The entry in the degree or other certificates)
Surname should be written in full)

FATHER'S NAME : _____
(Not to write Mother's/Guardian's/
Husband's Name)

DATE OF BIRTH : _____ **SEX:** _____

PERMANENT ADDRESS : _____

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

The originals and the Attested Copies of required papers are sent/submitted herewith. The Originals may be returned when no longer required.

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

Yours faithfully,

(Usual Signature of the Candidate)

REQUIREMENTS FOR PROVISIONAL MEDICAL REGISTRATION:

1. D.D. For Rs.1000/- in favour of "ANDHRA PRADESH MEDICAL COUNCIL" from ANDHRA BANK.
2. Provisional MBBS Certificate of the University along with copy.
3. S.S.C. Copy or proof of Date of Birth.

D.D.No.

Dated:

For Rs.

REGISTRAR

