

**ANDHRA PRADESH MEDICAL COUNCIL, SULTANBAZAR, HYDERABAD-95
APPLICATION FORM FOR FOREIGN DOCTORS FOR TEMPORARY
PERMISSION TO PRACTICE MEDICINE IN ANDHRA PRADESH.**

1. Name(Expanding the initials)
Of the foreign visitor :
2. Father's Name :
3. Permanent Address :
4. Present Address :
5. Nationality :
6. Date of Birth :
7. Parentage :
8. Passport No. date & place of issue,
It's validity if available :
9. Occupation :
10. Other previously in India?
If so date/period & place of
Previous visit :
11. Educational qualifications with
Name of the uni. /institutions :
12. Details of appointment held in
Country :
13. Registration No. and the name of
The State Medical Council with
Which registered ?
14. Details of the visit and place of the
Demonstration :
15. Duration of the visit :
16. Name and address of sponsoring
Authority :

17. Name, qualifications and Designation
Of Indian Counterpart who shall be a
Registered Medical Practitioner in
India and will be Responsible for all the
Medico legal Aspects concerned with
The practice of medicine by the
Foreign visitors :

Dated: the -----

**SIGNATURE OF SPONSORING
AUTHORITY.**

- NB: 1. a certificate that the visitor's participation is only for purpose of
Demonstration of technique/training and such associated work and not for
Personal gain shall be enclosed with the application.
2. This certification is valid for three months only.
3. Fee for Registration shall be paid in the shape of demand draft for
Rs.2, 000/- (OR) Rs.5, 000/-

Fee Structure

1. for participation in CME programmers of less than 15 days: Fee
Will be Rs.2, 000/-
2. For the purpose of demonstration of technique/training and
And such other associated work and not for personal gain:
Rs.5, 000/- for period unto 3 months.

**Payment of fee shall be made by way of Demand Draft Obtained from
Andhra Bank favoring "A.P.Medical Council" payable at Hyderabad.**
