

**Application for Registration with A.P MEDICAL COUNCIL for those medical graduates  
Registered in STATE MEDICAL COUNCILS**

Phone: 24657639  
65577343

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

<p><b>Recent Passport Size Photograph Affixed and Attested by Principal/ Medical College/ Hospital</b></p>
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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.

**FULL NAME (Including Surname)**.....

**FATHER'S NAME** .....  
(Not to write Mother/guardian name)

**DATE OF BIRTH**.....**SEX**.....

**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 sent/submitted herewith. The Originals may kindly be returned when no longer required.

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

Yours faithfully,

(Usual Signature of the Candidate)



NOTE: the following councils will not issue a objection certificate to the doctors Concerned. But they will confirm the registration on a request from the A.P. Medical Council. In case of telegraphic confirmation, the requisite charges (Replypaid) shall be borne by the applicant – doctor only.

- ( i ) KERALA MEDICAL COUNCIL, THIRUVANANTHAPURAM.
  - (ii) U.P.MEDICAL COUNCIL, LUCKNOW.(D.D. for Rs.200/- favoring REGISTRAR, A.P.MEDICAL COUNCIL.)
  - (iii) RAJASTHAN MEDICAL COUNCIL, JAIPUR.
  - (iv) GUJARAT MEDICAL COUNCIL, AHMEDABAD.
  - (v) J & K MEDICAL COUNCIL, SRINAGAR.
  - (vi) West Bengal Medical Council.
  - (vii) **CHATTISGARH:** D.D. For Rs.500/- favoring “REGISTRAR, CHATTISGARH MEDICAL COUNCIL” payable at Raipur.
  - (viii) **UTTARANCHAL:** DD for Rs. 200/- favoring “REGISTRAR, UTTARANCHAL MEDICAL COUNCIL” payable at \_\_\_\_\_.
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