

Phone No:
24657639
65577343

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

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

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.

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

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

4. MEDICAL GRADUATES OF OTHER STATES IN INDIA

- (i)Provisional pass Certificate issued by the University Concerned;
- (ii) Proof of Date of Birth;
- (iii)Provisional Medical Registration Certificate of State Medical Council Concerned;
- (iv)No objection Certificate, not older than 90 days, from the State Medical Council concerned.
- (v) No objection Certificate issued by College concerned; Hospital concerned.
- (vi) No objection Certificate issued by the University concerned.
- (vii)D.D./Challan for Rs.1000/-

5. MEDICAL GRADUATES OF OTHER COUNTRIES:-

- (i)MBBS (or equivalent) Degree/provisional Certificate as the case may be;
- (ii)Proof of Date of Birth;
- (iii) 10 + 2 Marks Memo
- (iv)Pass port (Xerox copies) – all relevant pages;
- (v)Provisional Medical Registration Certificate along with copy - granted by Medical Council of India;
- (vi)Screening Test Pass Certificate (copy) - Original for Verification.
- (vii)No objection Certificate from MCI for registering in A.P.M.C.
- (viii)D.D. (or) Challan for Rs.1000/-
- (ix) other information can be had by enquiring through Phone (or) by mailing the queries to “apmedicalcouncil@sify.com”