

- Eligibility Certificate:** -1) Xerox copy of registration with medical council of India/State Medical Council including of post Graduate Degree/Diploma Certificate by a recognized university.
2) Post Graduate Degree / Diploma Certificate from recognized University
3)Passport size photos

Signature of Applicant

For office use

Receipt No.

Received Date

Approval Date:-

Cheque/DD No./Cash

Name Of Bank:-

Total Amount :-

Date:-

Membership No. Allotted

DECLARATION

I,

Here by solemnly and sincerely declare that, to the best of my knowledge and belief, the above particulars given by me are true and correct, In case if any of the above information is found to be incorrect, it may lead to cancellation of my membership.

Sign:

Name:-

Date:-

Place:-