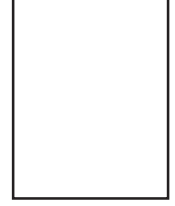


APPLICATION FOR ADDITIONAL QUALIFICATION  
CERTIFICATE LETTER

To,  
The registrar,  
Maharashtra Council of Indian Medicine,  
Explanade Mansion, 4<sup>th</sup> floor,  
144, M..G. Road, Fort Mumbai-400 023.



Dear Sir,

I hereby request that my name and other particulars may be entered in the Registered Additional Qualification as per Maharashtra Medical Practitioners Act, 1961 Role 9(b)

- 1) **Full Name** :-  
2) **Residential Address & Telephone No.** :-

**Email :-** .....

**Pin code :-**  
**Mobile :-** .....

- 3) **Nationality** :-  
4) **Date & Place of Birth** :-  
5) **Basic Professional Qualification** :-  
a) Name of College :-  
b) Name of University :-  
c) Year of passing :-  
d) Registration No. :-  
6) **Additional Qualification** :-  
a) P.G. Degree/Diploma :-  
b) Qualification Subject :-  
c) Name of University :-  
d) Name of College :-  
e) Year of Passing :-

**B.A.M.S./B.U.M.S.**

I forward herewith :-

1. My Post Graduate certificate of M.D./M. S. Degree/Diploma Certificate, Registration Certificate, College Leaving Certificate (P.G)
2. Two passport size photographs.
3. Degrees Certificate of Basic Qualification.
4. All original certificates & Xerox copies should be attested by Gazette Officer.
5. Fees Rs.1000/- in cash or Money Order.

I certify that the particulars furnished above are true to the best of my knowledge.  
Please issue Additional Qualification Certificate letter.

Place :-  
Date :-

Yours faithfully,

(Signature of the Applicant)