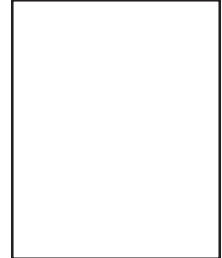


## FORM A

### FORM OF APPLICATION FOR REGISTRATION UNDER SUB-SECTION (3) OF SECTION 17 OF THE MAHARASHTRA MEDICAL PRACTITIONERS' ACT, 1961

To  
The Registrar,  
Maharashtra Council of Indian Medicine  
4<sup>th</sup> floor, Esplanade Mansion,  
144, Mahatma Gandhi Road, Fort, Mumbai - 400 001.



Dear Sir,

I hereby request that my name and other particulars as mentioned below may be entered in the Register under Sub-section 17 of the Maharashtra Medical Practitioners' Act., 1961.

- (1) Full name of the applicant (in Block capitals Beginning with surname).
- (2) Maiden name and surname if the applicant is a married women (in Block capitals beginning with surname).
- (3) Nationality
- (4) Residential address (in Block capitals)
- (5) Date and place of birth (in word and figures)
- (6)
  - (a) Qualification which entitles the applicant to registration.
  - (b) Date on which entitles the applicant obtained the Qualification
  - (c) Authority which conferred or granted the Qualification
  - (d) Details of the institutions where the Applicant received training and details of the training and periods thereof.

2.1 Forward herewith-

(i) my Birth Certificate/Matriculation Certificate/S.S.C. Certificate/School Leaving Certificate in original, and

(ii) the Diploma/Degree Certificate in respect of the qualification possessed by me together with true copies thereof. The originals may kindly be returned to me when not required by you,

(iii) two recent passport size photographs with signature thereon.

3. The Registration for Rs. 500 (Rupees Five Hundred only) is paid in Cash/ Money Order.

4. (i) I am applying for registration for the first time and I was not registered as a Medical Practitioner under any law in India before this.

(ii) I am/was provisionally registered under section 18A (2) of the Maharashtra Medical practitioners Act, 1961.

(iii) I was/have been registered under the .....  
in the Year ..... and my registration number is was .....

5. I have carefully read the instructions sent with this for and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Place :

Yours faithfully,

Date :

(Signature of the applicant)

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### INSTRUCTIONS

1) All particulars in this application form must be filled in by the applicant in neat hand or may be typed Incomplete applications are liable to be rejected.

2) A fee of Rs. 500 for registration should be paid to the Registrar, Maharashtra Council of Indian Medicine, Mumbai, in cash or may be sent Money Order. When the fee is sent by Money Order, the Postal receipt should be attached to the application.

3) If the space for giving particulars is not found sufficient, they may be given on a separate sheet and the sheet may be attached to this application.

4) The applicants should remember that their names entered in the application must exactly correspond with their names at the University or other examination, as the case may be.

5) The Schedule to the Maharashtra Medical Practitioners' Act, 1961 specifies the qualifications which entitled any person to get this name entered in the register under sub-section (3) of section 17.

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Specimen of Practitioners' Signature as used on Medical Certificate :-

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Present Address :-

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