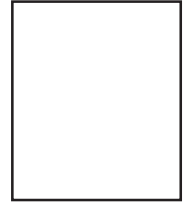


FORM B-C

FORM OF APPLICATION FOR PROVISIONAL REGISTRATION UNDER SECTION 18A (1) OF THE MAHARASHTRAMEDICAL PRACTITIONERS' ACT, 1961.

To,
THE REGISTRAR
MAHARASHTRA COUNCIL OF INDIAN MEDICINE
4TH FLOOR, ESPLANADEMANSION
144, MAHATMA GAMDHI ROAD, FORT, MUMBAI 400 023



Sir,

I hereby request, you to give me provisional registration under section 18A(1) of the Maharashtra Medical Practitioners' Act, 1961 and to issue the necessary certificate. My particulars are started below.

- 1 Name in Full (beginning with surname in Block capitals) :
- 2) Maiden name and surname if the applicant is a married woman (In Block capitals beginning with surname) :
- 3) Nationality :
- 4) Residential address (in Block capitals) :
- 5) Date and place of birth (in words and figures) :
- 6) Qualification or examination passed :
- 7) Name of University or Statutory Body :
- 8) Institution from which appeared for the examination and number at the examination :
- 9) Date of passing the examination or of obtaining the qualification. :

2. I forward herewith-
 - i) my Birth Certificate or Matriculation Certificate or S.S.C. Examination Certificate or school Leaving Certificate or Domicile Certificate or extract from Passport in original.
 - ii) the certificate of passing the qualifying examination which I possess, in original.
 - iii) certificate from the Head of approved institute where I have been admitted for Internship Training.
 - iv) two recent passport size photographs with signature thereon.
 - v) Original Certificates along with copies thereof duly attested by Principal or Vice Principal or Vice Principal of My Institute.

These may be returned to me when no longer required.

PLEASE FORWARD CERTIFICATES ALONGWITH COPIES THEREOF DULY ATTESTED BY A GAZETTED OFFICER OR A S. E. M. THE ORIGINALS WILL NOT BE RETURNED IF THEY ARE NOT ACCOMPANIED BY COPIES.

Receipt No. :-

Date :-

3. I have been selected for :-

* practical training at the
(State name of approved institution)

* employment in a medical capacity at the
(State name of approved institution)

* appointment in the Medical Service of the Armed Forces of the Union and I enclose as evidence

4. The registration fee of 75 Rupees is sent in cash/plus Rs. 25 for Service changes by Money Order.

5. I am applying for registration for the first time and I was not registered as a medical practitioner in India before the date of this Application.

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

Place :-

Yours Faithfully,

Date :-

(Usual Signature)

INSTRUCTIONS

- i) All particulars shall be filled in by the applicant only.
 - ii) All particulars should be in neat legible hand or type written.
 - iii) The registration fee should be sent in person or by Money Order (when the fee is sent by Money Order, the postal receipt should be attached to the application.)
 - iv) The applications should remember that their names entered in the application must exactly correspond with their names at the University or order examination, as the case may be.
 - 5) Evidence under paragraph 3 of the application shall include selection or appointment order.
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*Received back all the Original Documents.

Date :-

(Signature of the applicant)