

**PUNJAB MEDICAL COUNCIL**  
**REGISTRATION TRANSFER APPLICATION FORM**

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Professional/Correspondence Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

ATTESTED  
PHOTO  
PASTE HERE  
Photo attested by  
the Principal  
Medical College/  
Magistrate

To

The Registrar, Punjab Medical Council,  
S.C.O. No. 25, Phase-I, Mohali.

Sir,

1. I have to request that my name be registered under the Punjab Medical Registration Act II, of 1916 and that I may be furnished with a certificate of registration.
2. The information necessary for registration is specified on the reverse.
3. Photostat attested copies **alongwith original** certificates of the following are enclosed herewith:-  
The original certificate may please be returned when no longer required.

- |   |                          |
|---|--------------------------|
| 1. Attested copy Proof of date of birth –Matric Certificate/<br>Municipal Committee Birth Certificate/ Pan Card, etc. | <input type="checkbox"/> |
| 2. Photostat attested copy of degree.....   | <input type="checkbox"/> |
| 3. Photostat attested Detailed marks sheet ( Foreign Graduates)   | <input type="checkbox"/> |
| 4. Photostat attested copy of internship completion...  | <input type="checkbox"/> |
| 5. Two non-attested coloured photograph.....  | <input type="checkbox"/> |
| 6. Photostat attested copy of Permanent registration certificate  | <input type="checkbox"/> |
| 7. Photostat attested copy of Residence proof   | <input type="checkbox"/> |
| 8. Screening Test Certificate if graduate out of India .....  | <input type="checkbox"/> |
| 9. NOC in Original from State Medical Council.....  | <input type="checkbox"/> |
| 10. One file cover.....   | <input type="checkbox"/> |
| 11. Bank Draft No. .... Dated .....   | <input type="checkbox"/> |

**\* Personal appearance must.**

**Signature of Applicant**

Dated \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration No. \_\_\_\_\_

Dated \_\_\_\_\_20

B.D. Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_20

Despatch No. \_\_\_\_\_

Dated \_\_\_\_\_20

**PARTICULARS**

1. Applicant's name in full \_\_\_\_\_
  
2. Father's Name \_\_\_\_\_
  
3. Date of Birth \_\_\_\_\_
  
4. Name of the Medical College \_\_\_\_\_  
in which undergone training. \_\_\_\_\_
  
5. Medical Qualification of which \_\_\_\_\_  
Registration is required \_\_\_\_\_
  
6. University or other institution \_\_\_\_\_  
from which obtained. \_\_\_\_\_
  
7. Year of degree \_\_\_\_\_
  
8. Permanent Registration No. \_\_\_\_\_
  
9. Screening test Roll No. & \_\_\_\_\_  
Date of Passing \_\_\_\_\_
  
10. Purpose of Registration \_\_\_\_\_  
\_\_\_\_\_
  
11. Any remarks \_\_\_\_\_

Any matter or incident reflecting adversely upon the applicant's previous character and conduct.

Date\_\_\_\_\_

Signature of Applicant

# **DOCUMENT REQUIRED FOR REGISTRATION TRANSFER**

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS :

1. Proof of Date of Birth:- Matric Certificate/ Municipal Committee Birth Certificate/ PAN Card etc.
2. Photostat attested copy of degree.
3. Internship Completion Certificate
4. Photostat attested Detailed marks sheet ( Foreign Graduates)
  
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Two same print Coloured Non-attested Photograph
7. One same print Coloured Non Attested Stamp Size Photograph
8. Photostat attested copy of Permanent Registration Certificate.
9. Screening test pass certificate in graduate out of India.
10. Application form duly filled by the candidate
11. One file cover
12. Residence Proof.
13. NOC if registered in other State Medical Council.
14. **Personal Appearance must**