

**PUNJAB MEDICAL COUNCIL**  
**S.C.O. 25, PHASE-I, MOHALI-160055**  
**Tel. 0172-2266913, 5093524, Tele-fax 0172-2265104,**

**RENEWAL OF REGISTRATION FORM**

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

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

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

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

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

Telephone/ Mobile No. : \_\_\_\_\_

ATTESTED PHOTO  
PASTE HERE  
Photo attested by the  
Gazetted Officer  
/Governing  
Members PMC/  
Former Governing  
Members PMC

To  
The Registrar,  
Punjab Medical Council,  
S.C.O. No. 25, Phase-I,  
S.A.S. Nagar, Mohali -160 055.

Sir,

I am registered with Punjab Medical Council vide Regd. No. \_\_\_\_\_ dated \_\_\_\_\_. It is requested that my registration may please be renewed and Renewal Certificate be issued to me. (The information necessary for registration is specified on the reverse).

The following documents are enclosed herewith:-

1. Four latest Photographs (Not more than six months old)   
two attested & Two non attested alongwith  
Specimen Signatures attested by  
Gazetted Officer /Governing Members of the  
Punjab Medical Council /Former Governing  
Members of the Punjab Medical Council.
2. Attested photocopy of Permanent registration certificate
3. Fee Rs. 550/- & Late fee Rs. 200/- (Total 750/-)   
after 30-9-2009 by way of Bank Draft only in favour of  
Registrar, Punjab Medical Council, Payable at Mohali.
4. Additional Identity Card fee Rs.100/- by way of  Yes  No  **Optional**  
Bank Draft only in favour of Registrar, Punjab Medical  
Council, Payable at Mohali is also enclosed
5. Bank Draft No..... dated..... of Rs.....

\* **Please note :- Personal appearance is not mandatory.**

Signature of Applicant

Dated \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Dated \_\_\_\_\_ 20

Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_ 20

Dispatch No. \_\_\_\_\_

Dated \_\_\_\_\_ 20

Typed by .....  
Prepared by.....

**All formalities completed. May renew his/her Name.**

Superintendent

Submitted for approval & signature.

Registrar

**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. Qualification \_\_\_\_\_  
\_\_\_\_\_
  
6. University or other institution \_\_\_\_\_  
from which obtained. \_\_\_\_\_
  
7. Permanent Registration No. \_\_\_\_\_
  
8. Any remarks \_\_\_\_\_

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

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Date \_\_\_\_\_

Signature of Applicant

# Specimen Signature & Photo Attested by Gazetted Officer /Governing Members PMC/ Former Governing Members PMC

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ATTESTED  
PHOTO  
PASTE HERE  
Photo attested by the  
Gazetted Officer  
/Governing  
Members PMC/  
Former Governing  
Members PMC

**Note :-** The attesting officer should ensure that the above signatures to be attested are affixed in his/her presence by the doctor.