



THE TRIPURA STATE MEDICAL COUNCIL

Bidurkarta Chowmuhani, Agartala- 799001

FORM OF APPLICATION FOR REGISTRATION

Passport size
one Photo
to be affixed

To
The Registrar
The Tripura State Medical Council
Agartala.

Sir,

I request that my name may be entered in the register of Registered Practitioners maintained by the Tripura State Medical Council under section 14 of the The Tripura State Medical Council, Act, 2010 and that I may be furnished with a Certificate of Registration.

The information required for the purpose of registration is furnished below, The degree or diploma, I possess is forwarded herewith in original and may be returned with certificate of Registration.

The registration fee of,

Rs..... (Rupees)

is enclosed herewith by Demand Draft in favour of the Tripura State Medical Council, payable at, Agartala.

No..... Dt.

1. Name :-
(In full with Surname first in Block Letters)

2. Father's Name :-
(In Full)

3. Date of Birth :-
(Attested copy of Admit Card of H.S/Secondary Education Attached)

4. Present Address :-

e-mail ID :- Mobile No. :

5. Permanent Address:-

Vill

PO. Dist..... State

PIN CODE. Phone No.....

6. Qualification (s) :-

DEGREE	COLLEGE	UNIVERSITY	YEAR

7. Self Attested copies of the followings to be submitted along with the application:-

	Yes	No
1. M.B.B.S. Degree Certificate/ Provisional Certificate :-		
2. Additional Qualification Certificate :-		
3. Age proof Certificate :-		
4. Internship Completion Certificate :-		
5. Registration Certificate of other :- Medical Council if any		
6. Passport size photo (Three Copies) :- one copy to be affixed		
7. Demand Draft :-		
8. Address Proof Certificate :-		

Dated, Agartala, the
...../.....20

Yours faithfully

N.B. :-

- 1) All relevant original documents to be produced at the time of submission of application for verification.
- 2) Registration Fee - MBBS - Rs. 2000.00, For Addl. Qualification - Rs. 2000.00 (Diploma) Degree)