

KARNATAKA MEDICAL COUNCIL

(Statutory Body established under Karnataka Act No. 34 of 1961)

FORM OF APPLICATION FOR PERMANENT REGISTRATION (IN LIEU)

To :

The Registrar,
Karnataka Medical Council,
70, 2nd Floor, "VAIDY AKEEYA BHAVANA"
K. R. Road, (Near Basavanagudi Post Office) Basavanagudi
Bangalore - 560 004. Tele : 080-2662 0292 Fax : 080-2662 1445
E-mail : kar.medj_council@yahoo.co.in Website : www.karnatakamedicalcouncil.com

Sri,

I request that my name may kindly be registered under Section 13 (1) of the Karnataka Medical Registration Act of 1961 and Rules 1963 and that I may be furnished with a Certificate of Registration.

1. Name in BLOCK LETTERS :
2. Father's Name :
3. Sex: 4. Date of Birth..... 5. Religion :..... 6. Caste :
7. SC / ST / OBC / OTHER CASTES (Please tick which ever applicable)

8. Qualifications	University	Name of College studied and place
(A).....
(B).....
(C).....
(D).....

9. Address in BLOCK LETTERS :
- PIN..... Telephone :..... Mobile :

10. (a) In case of Doctors Registered in other State Medical Council (S) kindly produce the original registration certificate along with a copy of the - Registration certificate Number..... Dated.....
Name of the Medical Council

11. Employment Status :

1. P.G. Student 2. Employment in Government 3. Unemployed
4. Self employed 4. Private Employer

12. Engaged in :

- (a) Medical Service (b) F.W. Service (c) Research
(d) Health Administration (e) Teaching (f) Others : Specify

13. Professional address stating the area : Rural / Urban :

14. Accounts payee Demand Draft

D.D. Nos. Dated..... Amount.....

Name of the Bank (Issuing Bank)

Name of the Bank (where payable)

Name of Purchaser

