

NAGALAND MEDICAL COUNCIL

FORM - 15

APPLICATION FORM FOR RENEWAL OF REGISTRATION

To
The Registrar,
Nagaland Medical Council
Kohima: Nagaland

Affix
passport
size
photograph
attested

Sub: **Renewal of Registration.**

Sir,

I request that my name be renewed in the State Register maintained by Nagaland Medical Council.

1. Name of the Applicant (block letters) :
2. Registration No. & Date :
3. Present Address :
4. Mobile No. & Email ID :
5. Aadhaar No. :
6. PAN No. :
7. Details of qualifications :

Sl No.	Description of the qualification	Name of the Medical College	Name of the Board/University	Year of passing (Completion of Internship)
1.	M.B.B.S			
2.				
3.				

I hereby submit Cash/Online Payment of Rs 4000/- (Rupees Four Thousand Only) as non-refundable fee in favour of 'Nagaland Medical Council'.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the Code of Conduct & Ethics of Nagaland Medical Council and Indian Medical Council and by the Rules of Nagaland Medical Council.

Date:

Signature of the Applicant

“IT IS MANDATORY TO ACHIEVE 30 CREDIT POINTS FOR RENEWAL OF REGISTRATION AS PER MEDICAL COUNCIL OF INDIA CODE OF ETHICS.”

Undertaking

I, Dr. Registration No.

give the undertaking that I will acquire the deficit CME Credit Hours required for renewal of
Registration within the next two years w.e.f. the date of renewal.

Date:

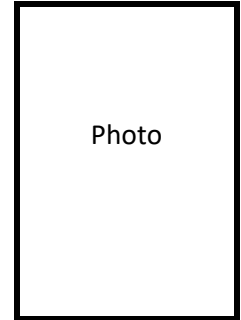
Signature:

NAGALAND MEDICAL COUNCIL

APPLICATION FORM FOR ISSUE OF ID CARD

To

The Registrar,
Nagaland Medical Council
Kohima: Nagaland



Sub: **Issue of ID card.**

Sir,

I request for issue of ID card as Registered under the Nagaland Medical Council.

1. Name of the Applicant (block letters) :
2. Registration No. & Date :
3. Present/Permanent Address :
4. Mobile No. & Email ID :
5. DOB :
6. Details of qualifications :

Sl No.	Description of the qualification	Name of the Medical College	Name of the Board/University	Year of passing (Completion of Internship)
1.	M.B.B.S			
2.				
3.				

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the Code of Conduct & Ethics of Nagaland Medical Council and Indian Medical Council and by the Rules of Nagaland Medical Council.

Date:

Signature of the Applicant