

**APPLICATION FORM FOR RENEWAL OF REGISTRATION  
& 2<sup>nd</sup> OR SUBSEQUENT RENEWAL OF REGISTRATION**

To  
The Registrar,  
Punjab Medical Council.  
Mohali

<b>ATTESTED PHOTO PASTE HERE</b>
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Sir,  
I am registered with Punjab Medical Council vide Regd. No. \_\_\_\_\_ dated \_\_\_\_\_. It is requested that my registration may please be renewed for the period of 5 years. The information necessary for registration is specified below :-

**PARTICULARS**

- 3. Applicant's name in full \_\_\_\_\_
- 4. Father's Name \_\_\_\_\_
- 3. Date of Birth \_\_\_\_\_
- 10. Working Place \_\_\_\_\_
- 5. Permanent Address \_\_\_\_\_
- 6. Correspondence Address \_\_\_\_\_
- 6 Mobile No. \_\_\_\_\_
- 7 E-mail. \_\_\_\_\_
- 8 Qualification \_\_\_\_\_  
(along with Name of Medical College & University) \_\_\_\_\_
  
- 9 Permanent Registration No. \_\_\_\_\_
- 10 What is your Nationality...INDIAN/FOREIGN ?  
IF INDIAN. Your passport number if any. Date of issue.....Valid Upto.....place of Issue. Name of your Mother .....
- 11 .....if Foreign(.a)Name of Country. Date of issue.....place of issue.....  
Date of Expiry .(please note that practitioners holding foreign passports will have to have additional OCI/PIO card)to be eligible for registrations.

All the Information should be true & correct. A copy of attested Document has to be enclosed along with main application.

Any remarks \_\_\_\_\_  
Bank Draft No. .... Dated ..... Amount.....

Date \_\_\_\_\_ Signature of Applicant

**FOR OFFICE USE ONLY**

Registration No. \_\_\_\_\_ Dated \_\_\_\_\_ 20

B.D. Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ 20

Dispatch No. \_\_\_\_\_ Dated \_\_\_\_\_ 20

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

**Superintendent**

**Submitted for approval & signature.**

**Registrar**

**SELF ATTESTED AFFIDAVIT**  
**FORM OF DECLARATION/ UNDERTAKING**  
**AS TERMS & CONDITIONS**

49. I solemnly pledge myself to consecrate my life to service of humanity.
50. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
51. I will maintain the utmost respect for human life from the time of conception.
52. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
53. I will practice my profession with conscience and dignity.
54. The health of my patient will be my first consideration.
55. I will respect the secrets which are confined in me.
56. I will give to my teachers the respect and gratitude which is their due.
57. I will maintain by all means in my power, the honour and noble traditions of medical profession.
58. I will treat my colleagues with all respect and dignity.
59. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
60. I shall inform the Council in writing through Registered Post in case of change of my Address, Mobile Number & E-mail address.
61. I will not accept or give commissions or cuts for promoting my practice in any way.
62. I will NOT advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
63. I also understand that in violation of ethics as well as all other condition provisions under the act. My registration can be suspended/ cancelled by council.
64. I am aware that I have to have Fifty Credit hours by way of CME/as per guidelines every five years for renewal of my registration.

**Self attested Verification :**

I agree to all the terms of Punjab Medical Council for the registration and agree to abide by that unconditionally.

Signature.....  
(Self attested)

Name.....  
Registration No. (PMC).....  
Place.....  
Address.....  
  
Mobile No.....E Mail Id.....  
Date.....

# **Check List for Renewal Registration**

1. Form of self-declaration in original
2. Self-Attested Copy of Permanent Registration Certificate
3. Self-Attested Copy of Additional Qualification Registration Certificate if any
4. Renewal Registration Certificate in Original for 2<sup>nd</sup> or subsequent Renewal
5. One photo attested by Gazetted officer
6. 2 same print non-attested photograph.
7. Self-Attested copy of complete passport .If don't have passport then Self Attested copy of current Residence Proof
8. Self-Attested copies of 50 CME Hours along with index or undertaking for one year Renewal if don't have CME Hours.
9. Form of self-declaration for gap in original (2) (if applying after Grace Period of 2 months)
10. Personal Appearance Not Mandatory
11. Fee Should be in the way of Draft in favour of Registrar Punjab Medical Council  
Fee Rs :-
  - 2100(If On Time Or with in grace period)
  - 3100(If after grace period of two month)
  - 7100(If Registered before 2008 and never renewed Registration)

**FORMAT OF AFFIDAVIT/ SELF DECLARATION FOR RENEWAL  
REGISTRATION (FOR GAP)**

I \_\_\_\_\_ S/o / D/o \_\_\_\_\_

R/o \_\_\_\_\_ do hereby

Solemnly affirm and declare as under:-

1. That my Punjab Medical Council Registration No. is \_\_\_\_\_.
2. That my Registration was valid till \_\_\_\_\_ but I had applied for Renewal Registration on \_\_\_\_\_.
3. That there is total gap of \_\_\_\_\_ Year \_\_\_\_\_ Month & \_\_\_\_\_ Days till when I applied for renewal of my registration.
4. That I am not involving in any complaint, Moral Turpitude/Criminal Case nor any such case is pending against me in any court of law in India.
5. That I was not involved in any unethical practice.
6. That the above given statement of my is correct & True.
7. That if at any later stage the above said statement is found to be false/ incorrect the Renewal Registration Certificate being issued to me may be cancelled and I shall have no Objection to the same.

SIGNATURE OF DOCTOR

**VERIFICATION:-**

Verified that the above given contents of my this self declaration are correct & True to the best of my knowledge and belief and noting has been concerned therein

Place:  
Date :

SIGNATURE OF DOCTOR

