**NAGALAND MEDICAL COUNCIL**

**FORM - 15**

**APPLICATION FORM FOR RENEWAL OF REGISTRATION**

Affix

passport

 size

photograph

attested

To

 The Registrar,

 Nagaland Medical Council

 Kohima: Nagaland

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  |
| **1.** | M.B.B.S |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

 I hereby submit Cash/Demand Draft of Rs 2000/- (Rupees Two 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.”**