

GOA MEDICAL COUNCIL

BARBOLIM GOA
PH. No. 248123

FORM - 1A

I have been selected for *Practical training at the _____
(State name of approved Institution)

Employment in a medical capacity at the _____
(State name of approved Institution)

*Appointment in the Medical Services of the Armed Forces of the Union and _____

I enclose as evidence. _____

- (4) The registration fee of Rs. 500/- (Five hundred only) is sent by Demand Draft.
- (5) I am applying for registration for the first time and I was not registered as medical practitioner in India before the date of this application.
- (6) I have carefully read the instructions sent with this form and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Yours faithfully,

(Usual Signature)

Date :

Place :

INSTRUCTIONS :

- (1) All particulars shall be filled in by the applicant only.
- (2) All particulars should be in neat legible or type-written.
- (3) The registration fee should be sent by Demand Draft only.
- (4) The applicants should remember that their names entered in the application must exactly correspond with their names at the University or other Examinations as the case may be.
- (5) Evidence under paragraph 3 of the application shall include selection or appointment Order.

Hours of Payment:

From 9.30 a.m. to 1.00 p.m. and from 2.30 p.m. to 4.00 p.m. on all working days from Monday to Friday.

Provisional Registration fee Rs. 500/-

(iii) Certificate from the Head of the Medical Institute (recognized by the University) where I have been admitted for internship training.

Please forward Original Certificate alongwith copies thereof duly countersigned by a Gazetted Officer. The Originals will not be returned if they are not accompanied by copies.

Rs. 500/-