

FORM 10

(See Rule 55)

Form of Application for renewal of Registration

To,
The Registrar,
Goa Medical Council,
2nd Floor, Faculty Block,
GMC Complex, Bambolim Goa
Ph. No. 2458723
Email: goamedcouncil@rediffmail.com

Subject : *Renewal of Registration*

Sir,

In reply to your notice dated _____, I request that my name may be continued on the Register of Medical Practitioners for a further period of five years. The necessary particulars are given below :-

Full Name :
(Beginning with surname)

Maiden name in case of married woman :
(Beginning with surname)

Registered qualifications with dates of Registration :

Registered No. :

Permanent address for purpose of registration :

Mob. No.

Yours faithfully,

(Signature)

Date :

NOTE

1. This form shall be returned duly completed so as to reach the Registrar, Goa Medical Council for continuance of registration within forty-five days of the date of the notice.
2. All details shall be correctly filled in.
3. Applications which do not contain the required particulars are liable to be rejected.
4. Additional qualifications and change of address for communication must be notified to the Council immediately.