

**APPLICATION FORM FOR 1<sup>st</sup> PROVISIONAL REGISTRATION CERTIFICATE**  
**(FILL IN ENGLISH CAPITAL LETTERS)**

From

Dr.

S/o / D/o. :

Mother's Name :

Spouse Name :

Address : #

**Recent Passport  
Size Photo to be  
affixed here**

District :

Pin code :

To

The Registrar,  
Tamilnadu Siddha Medical Council,  
Arumbakkam, Chennai - 600 106.  
Phone No. +91-44-26190246  
Email : tnsmc1998@gmail.com

Left Thumb impression (for Male)	Right Thumb impression (for Female)

Sir,

Sub. : Issue of Provisional Registration Certificate

I am enclosing my required documents and request you to provide Provisional Registration Certificate with 2D barcode. I am giving my bio-data below.

Phone and Mobile No. :

Alternative Contact No. (if any) :

Email Address :

Date of Birth :

Place of Birth(District) :

Blood Group :

College & University Name :

Examination passing month & year :

Date :

Yours faithfully,

(signature)  
(P.T.O.)

Enclosure :

1. D.D. for Rs. 2000/- in favour of The Registrar, Tamilnadu Siddha Medical Council, Chennai, D.D. No.                      Dated.                      Bank:  
Issuing branch :                      (or) the amount can be transferred to the council's Savings Bank A/c No. 33140134133, S. B. I., Annanagar Branch, IFSC Code No. SBIN0002196 swift.
2. 1<sup>st</sup> Provisional Degree Certificate (Xerox with original for verification).
3. **Age Proof:** 10<sup>th</sup> or +2 Mark Sheet (Xerox for verification)
4. **Address and Id Proof (any two of the following) :-**  
Aadhar card (or) Voter Id (or) Driving Licence (or) Passport (or) Bank Pass Book (or) Ration card (or) Pan Card

