

APPLICATION FORM FOR PERMANENT 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 Permanent Registration Certificate.

I am enclosing my required documents and request you to provide Permanent Registration Certificate with 2D barcode with Id. card. 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 :

U. G. College & University Name :

Examination passing Month & Year :

Internship Completion Month & Year :

Date :

Yours faithfully,

(signature)
(P.T.O.)

Enclosure :

1. D.D. for Rs. 4000/- 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. 1ST & 2nd Provisional Certificate (original & one xerox copy).
3. Internship Completion Certificate (original & one xerox copy).
4. Copy of temporary Registration Certificate (Received from Tamilnadu Siddha Medical Council).
5. One address proof and id proof.
6. Transfer certificate (T.C.) issued from 10th, 12th or Degree.
7. Self addressed stamped (Rs. 50/-) cloth cover (35 cms x 25 cms) – 1 No if received by post.