

APPLICATION FORM FOR ID. CARD RENEWAL

FILL IN ENGLISH CAPITAL LETTERS

From

Dr.

Reg. No. :

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.tcom

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

Sir,

Sub. : Issue of Id. Card Renewal

I am enclosing my old original Id card No. and request you to provide New 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 :

College & University Name :

Examination passing Month & Year :

Internship Completion Month & Year :

Date :

Yours faithfully,