

**APPLICATION FORM FOR RENEWAL OF REGISTRATION  
& 2<sup>nd</sup> OR SUBSEQUENT RENEWAL OF REGISTRATION**

To  
The Registrar,  
Punjab Medical Council.

ATTESTED  
PHOTO PASTE  
HERE

Sir,  
I am registered with Punjab Medical Council vide Regd. No. \_\_\_\_\_ dated \_\_\_\_\_. It is requested that my registration may please be renewed for the period of 5 years. The information necessary for registration is specified below :-

**PARTICULARS**

1. Applicant's name in full \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Working places \_\_\_\_\_  
\_\_\_\_\_
5. Mobile No. \_\_\_\_\_
6. E-mail. \_\_\_\_\_
7. Qualification  
(alongwith Name of Medical  
College & University) \_\_\_\_\_  
\_\_\_\_\_
8. Permanent Registration No. \_\_\_\_\_
9. Any remarks \_\_\_\_\_
10. Bank Draft No. ....Dated .....Amount.....

**Contd. Page-2**

Date \_\_\_\_\_

Signature of Applicant

**FOR OFFICE USE ONLY**

Registration No. \_\_\_\_\_

Dated \_\_\_\_\_ 20

B.D. Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_ 20

Dispatch No. \_\_\_\_\_

Dated \_\_\_\_\_ 20

**All formalities completed. May renew his/her Name.**

**Superintendent**

**Submitted for approval & signature.**

**Registrar**

# FORM OF DECLARATION/ UNDERTAKING AS TERMS & CONDITIONS

(To be signed by the applicant at the time of applying for registration/ Renewal/ Specialty registration etc. )

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of medical profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
12. I shall inform the Council in writing through Registered Post in care of change of my Address, Mobile Number & E-mail Id..
13. I will not accept or give commissions or cuts for promoting my practice in any way.
14. I will advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
15. I also understand that in violation of ethics as well as all other condition provisions under the act. My registration can be suspended/ cancelled by council.
16. I am aware that I have to have Fifty Credit hours by way of CME/as per guidelines every five years for renewal of my registration.

**Self attested Verification :**

I agree to all the terms of Punjab Medical Council for the registration and agree to abide by that unconditionally.

Signature.....

(Self attested)

Name.....  
 Registration No. (PMC).....  
 Place.....  
 Address.....  
 Mobile No.....  
 E Mail Id.....  
 Date.....

## **DOCUMENT REQUIRED FOR RENEWAL OF REGISTRATION & 2<sup>nd</sup> OR SUBSEQUENT RENEWAL OF REGISTRATION**

1. Three latest photographs ( One attested & Two non attested )
2. Attested Copy of Permanent Registration Certificate
3. Attested Copy of Additional Qualification Registration Certificate if any.
4. Renewal Registration Certificate in Original for 2<sup>nd</sup> Or subsequent Renewal.
5. Registration Fee Rs. 1000/- by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
6. Restoration/late fee Rs. 1000/- after expiry the grace period of Two (2) months by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali

**Fee Once paid not refundable.**