



# RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

Phone: 91-141-2225102 Website: <http://www.rmcaipur.org>

## APPLICATION FORM FOR OBTAINING DUPLICATE COPY OF ADDITIONAL QUALIFICATION CERTIFICATE

*(Please read the instructions carefully before filling the form)*

Name of Dr. .... Reg.No. .... Dt. .... Rs. ....

To,

The Registrar  
Rajasthan Medical Council,  
Jaipur.

To affix recent photograph  
self-attested  
Size (3.5 cm X 2.5 cm)

**Sub: - Regarding issue of Duplicate Additional Qualification Registration Certificate.**

Sir/Madam,

In reference to the above subject, I have to submit that the Original Certificate of Additional Qualification Registration is not traceable despite of my best efforts.

My particulars are as follows:-

1. Name of Applicant .....
2. S/o, D/o, W/o .....
3. Date of Birth and Place .....
4. Permanent Address .....

5. Present Address -----  
-----
6. P.G. Qualification -----  
Registration No. & Date -----
7. Qualification and year of Passing -----
8. Name of College -----
9. Name of University -----
10. Phone No. (O) ----- (R) -----  
(M)-----
11. Email. -----
12. Aadhar No. -----
13. Have you ever been convicted in any form -----  
If yes:- Present status of the case: -----  
Outcome of the case: -----  
(P.S.-Copy enclose the copy of the case)

I request you to issue me duplicate registration certificate. If I found the original one, the same will be deposited with the Council.

Date.....  
Place.....

Yours faithfully

(Name & Signature of the Applicant)

## **DECLARATION GIVEN BY THE APPLICANT**

I.....Son/Daughter/Wife of  
Shri.....Date of Birth.....

Resident of.....District.....State.....

Here by Declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also all the benefits availed by me shall be summarily withdrawn.

Place.....

Date.....

(Name & Signature of the Applicant)

### **FOR OFFICE USE ONLY**

Form is complete in all respect  
& no dues is outstanding

May be Prepared

(Dealing Clerk)

(Registrar)

### **Enclosures**

1. Photocopy of Additional Registration Certificate issued by the R.M.C.
2. D.D. of Total Rs. 600 [Rs.100(form fee) + Rs.500(reg. fee)] in favour of Registrar, Rajasthan Medical Council, Jaipur.
3. Self Address Envelop size 12'X15' with postage stamps of Rs. 50/- for registered post.
4. Copy of F.I.R.
5. Please sign specimen signature on a paper size (4"X2") with black gel pen.
6. Two copies of (3.5 cm X 2.5 cm) size Photograph one affixed on the Form & one spare without self-attested.
7. Self attested photocopy of any I.D. i.e. Driving Licence / Pan Card / Passport / Voter Id.
8. Self attested photocopy of Aadhar.

### **Note**

1. Please fill separate Duplicate Form for each P.G. Qualification.
2. Forms are accepted between 10.30 A.M. to 3.00 P.M., Lunch hours 1.30 to 2.00 P.M. Cash/Cheques are not accepted.