



ALL INDIA FOREIGN MEDICAL GRADUATES ASSOCIATION

(Regn No 142 / 2009)

"Crescent Court," 963, Poonamallee High Road, Chennai - 600 084, Tamil Nadu, India

Tel: + 91 - 44 - 25322021, Fax: + 91 - 44 - 26614485,

Email: aifmga@gmail.com, aifmga@yahoo.com, Website: www.aifmga.com

APPLICATION FOR ADDITIONAL QUALIFICATION REGISTRATION

(All details to be filled in Black Letters)



Permanent Address:

Date

Name:

.....

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To
The President / Secretary / Treasurer,
All India Foreign Medical Graduates Association,
"Crescent Court ",
963, Poonamallee High Road,
Chennai -600 084
Tamil Nadu, India.

Sir,

- 1. I request you kindly to register my additional qualification details which are furnished overleaf.
- 2. Additional qualification in respect of which registration is sought.

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- 3. I am sending herewith the following Xerox copies to register my additional qualifications.

(a) Diploma / Degree relating to my additional Qualification (Xerox copy).

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(b) Name of the State Medical Council.....
Certificate No..... dated..... (Xerox copy)

(c) (c) Name of the College and the University in which the Additional Qualification is obtained.

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(d) Month and Year of Passing the Additional Qualification.....

- 4. Name in full (surname, with the full significance of the initials)
- 5. Father's / Spouse Name
- 6. Original qualifications
- 7. Medical Council of India Registration Number and date

Date:

Signature of the candidate