

## Form B

See Regulation 64 (4) MEDICAL COUNCIL OF INDIA

Aiwan-e-Galib Marg, Kotla Road, New Delhi-110002.

Certificate under section 23 of the Indian Medical Council Act, 1956 Registration certificate.

Certificate No. MCI/\_\_\_\_\_

Name	
Father's Name	
Address	
Date and place of registration	
Qualification & date thereof	

(M) / (F)

It is hereby certified that this is a true copy of the above specified Name in the Indian Medical Register.

(SEAL)

Registrar

Medical Council of India

New Delhi

Date the \_\_\_\_\_

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### Important Notices

1. Every Registered Medical Practitioner should be careful to send to the Registrar's immediate notice of any change in his address and also answer all enquiries that may be sent to him by the Registrar in regard thereto in order that his correct address may be duly inserted in the Register of Registered Practitioners.
2. No charge is made for alteration of address.

3. All persons registered under whatever Diplomas are legally qualified for the practice of Medicine, Surgery, and Midwifery.
4. (M) & (F) indicates (Male) & (Female) respectively.