APPLICATION FORM FOR DUPLICATE REGISTRATION CERTIFICATE

1. Name of the Applicant (As recorded in the Assam Council of Medical Registration Register) :

2. Name of the Father/Husband of the Applicant (As recorded in the Assam Council of Medical Registration Register) :

3. Address as recorded in the Assam Council of Medical Registration Register :

4. Mobile No. :

5. E-mail address :

6. Assam Council of Medical Registration MBBS Registration No. (Provisional/Permanent*) :
   *Strike out whichever is not applicable

7. Assam Council of Medical Registration Postgraduate Registration No. (if any) :

8. Assam Council of Medical Registration Post Doctoral Registration No. (if any) :

9. Type of Duplicate Certificate required (MBBS/ Postgraduate/Post Doctoral*) :
   *Submit separate applications if different types of duplicate certificates required

10. Whether Police report enclosed? (If certificate is lost) :

11. Whether copy of Newspaper advertisement enclosed? (If certificate is lost) :

12. Whether copy of lost/damaged certificate enclosed? :
    *Submit self-attested copy if Xerox or Scanned copy available

13. Whether damaged certificate in original is enclosed? :

14. Bank Draft No. with name of Bank or, Transaction ID with name of Bank :

Declaration

I solemnly affirm and declare that the above entries made by me are true to the best of my knowledge and if any of the above entries are later on found to be not true I shall be held responsible and shall be prosecuted by the authority as per law.

Date: Signature of the Applicant