APPLICATION FORM FOR CORRECTION OF NAME IN 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 Permanent Registration No. :

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 Certificate where name correction is required (MBBS/ Postgraduate/Post Doctoral*) :

   *Submit separate applications if correction in different types of certificates required

10. Name in Block Capital Letters which should appear in the Registration Certificate :

11. Reason for applying for name change :

12. Whether Affidavit in original enclosed? :

13. Whether any Government Gazette Notification enclosed? :

14. Whether any complaint or proceeding is under process or convicted by other State Medical Council? If yes, name of the State Medical Council with Registration No. :

15. Whether Registration certificate in original is enclosed? :

<u>Declaration</u>

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