



FORM -7

(See Rule 39 (6))

Manipur Medical Council

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER

Receipt No

Date

(for office use only)

To,

**The Registrar
Manipur Medical Council
Imphal**

Affix passport
Size
photograph
attested

Subject :- Restoration of name in the Register.

Sir,

1. I, the undersigned (full name and address) holding qualification of do solemnly declare that the following are * facts of my case on which I seek restoration of my name in the Register.
2. My name was duly registered in the State Register of having registration number (Name of the State) dated
3. My name was duly registered in the State Register of Manipur Medical Council having registration number
4. At an enquiry held on the day of by the Council/Board/Committee of my name was directed to be removed from the State Register and the offence(s) for which the Council/Board/Committee of directed removal of my name was/were
5. Since the removal of my name from the Register. I have been residing at and my occupation has been
6. It is my request that my name be restored in the restored in the Register of State.
7. The grounds for the present application are :
 - i)
 - ii)
 - iii)
8. The prescribed fee of Rs. 2000/- (Rupees two thousand) deposited by Bank Draft No. dated in favour of Manipur Medical Council payable at Imphal.
9. I request that orders may be passed for restoration of my name in the State Register of (State).

* (Instructional) : All facts and the grounds on which the application is made should be clearly and concisely stated. Use separate if necessary).

10. I submit three recent passport size photographs.

11. I submit Manipur Medical Council Registration Certificate in original.

Declared at

Before

Signature

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date



MMC Copy

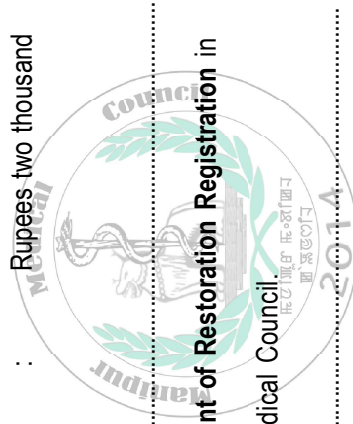


Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

In favour of : The Manipur Medical Council
A/c # : 0652200100007106
Sum of : Rs. 2000/- (Case only)
in words : Rupees two thousand



For Allotment of Restoration Registration in
Manipur Medical Council

Applicant's detail :

Name : _____
Date of Birth : _____
Mobile No. : _____
Email : _____

Signature of depositor

Authorized Signatory & Seal

The Bank copy will be retained by the Bank, MMC

Personal Copy

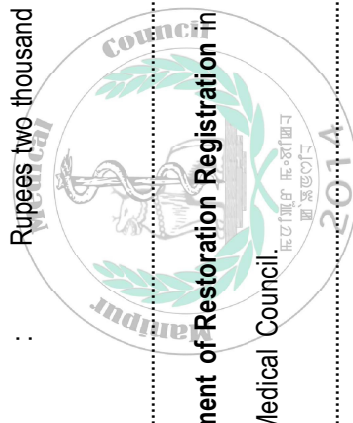


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Bank Copy

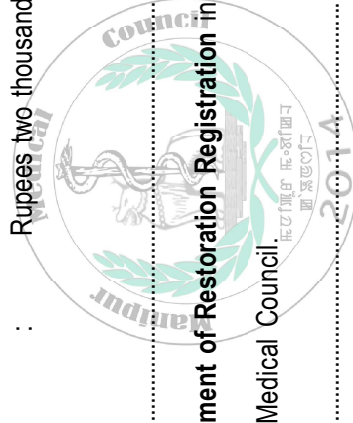


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