



Delhi Medical Council

Room No. 308A, 3rd Floor, Administrative Block
Maulana Azad Medical College
Bahadur Shah Zafar Marg
New Delhi - 110002
Fax :011-23234416
Phone :011-23237962 (4 Lines)

Submitted On :**06-11-2016**

Acknowledgment-Delhi Medical Council

Note:One copy of this receipt is to be submitted at DMC Registration Counter along with draft with Full Name, Case ID and Signature at the back of the Draft



| | |
|---------------------------|--------------------|
| Doctor Name | shahid jamal |
| Fathers Name | shamim anwar |
| Date of Birth | 15-04-1984 |
| Case ID | 49927 |
| Request Type | Fresh Registration |
| Request Details | Foreign |
| Mode of Payment | Online |
| Order No | 1478460424 |
| Amount Paid | 5100 |
| Transaction ID | HCNB4877839302 |
| Online Transaction Status | Y |

Shahid Jamal

Please mention the Case ID **49927** for any future correspondences with reference to this Application or use it to check the status of your application online.

Supportive Documents to be produced in original at the time of verification

| S No. | Description | Status |
|--------------|--|---------------|
| 1 | Recent Passport Size Colour Photograph | Success |
| 2 | Your Valid Signatures | Success |
| 3 | 10th Mark Sheet and passing certificates or equivalent examination | Success |
| 4 | 11th Mark Sheet and passing certificates or equivalent examination | Success |
| 5 | 12th Mark Sheet and passing certificates or equivalent examination | Success |
| 6 | Prov State Medical Council/Medical Council of India Registration Certificate with MD Physician Qualification | Success |
| 7 | Degree/Diploma and Mark Sheet of MD Physician qualification (if the same in as language other than English then an authentic translation in English) | Success |
| 8 | Copy of the passport in possession duly attested by a Gazetted Officer | Success |
| 9 | Internship Completion Certificate issued by College | Success |
| 10 | Eligibility Certificate | Success |
| 11 | Screening Test Copy | Success |