

Maharashtra Medical Council

Date 9TH APRIL 1997

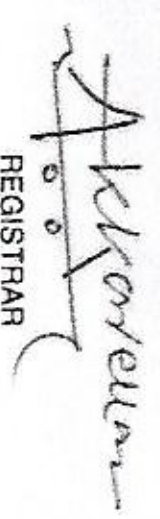
E.S.I.S. Hospital Campus, Nurses Quarters, 1st floor,
L.B.S. Marg, Mulund (West), Mumbai - 400 080.

REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 15940

Dated 24TH APRIL 2001

I hereby certify that the following qualification has been duly registered in the Medical Register :-

NAME :	ADDITIONAL QUALIFICATION
DR. CHITALE PRIYADARSHAN VIVEKANAND	M. S. (SURGERY) POONA, 2000,
  REGISTRAR	

UNIVERSITY OF PUNE



Seat No.: 002

Date: 9 FEBRUARY 2001

Permanent Reg. No.: 6220000039

College: B.J.M.C. PUNE

This is to certify that

Shri/Smt. CHITALE PRIYADARSHAN VIVEKANAND

Passed the MASTER OF SURGERY

examination held by

GENERAL SURGERY (Branch I)

UNIVERSITY OF PUNE in the month of

DECEMBER 2000

XXXXXXXXXXXX

0103254

CONTROLLER OF EXAMINATIONS

Application for Renewal Of Registration with the Maharashtra Medical Council, Mumbai

Application No : MMC202256198

Date : 20/03/2022

To,
Registrar,
Maharashtra Medical Council,
189/A, Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (W), Mumbai - 400 011.



Sub: Dr (Smt/Shri) CHITALE PRIYADARSHAN VIVEKANAND

Registration No: 82792 Registration Date : 09/04/1997 Valid upto Date :28/02/2027

Sir,

I the undersigned applicant, request you that my name may be continued on the Register of Medical Practitioners maintained by the Maharashtra Medical Council as per 23 (a)/23 (c) of MMC Act 1965 and amendment 2003. My particulars are as Follows :

Name of Applicant	:	Mr.	CHITALE	PRIYADARSHAN	VIVEKANAND
Name of Father	:	Mr.	CHITALE	VIVEKANAND	AIMARAM
Name of Mother	:	Mrs.	CHITALE	JAYASHIRI	VIVEKANAND
In Case of Married Women					
Wife Name	:	-			

RESEDENTIAL ADDRESS	:	CHITALE HOSPITAL, DEOPUR, DIST-DHULE			
City	:	DHULE	District	:	DHULE
State	:	MAHARASHTRA	Country	:	INDIA
Pincode	:	424002			

Date of birth	:	27/09/1973	Tel No (Res)	:	09850057556	Clinic No	:	9403632527
Mobile No	:	9850057556	Email Id	:	chitale007@gmail.com			

Total Obtained Credits Points	:	36
Remaining Credits Points	:	0

Qualification Details						
	Details of Qualification	Name of College	University	Passing Year	Certificate No	Certificate Date
1.	M.B.B.S.	BJMC PUNE	POONA UNIVERSITY	1997		
2.	M.S.(Surgery)	BJMC PUNE	POONA UNIVERSITY	2000	15940	24/04/2001

Particulars Of Payment		
Payment Mode	:	Online Payment
Receipt No	:	202207969307638
Receipt Date	:	21/03/2022

I have uploaded following documents:

1. Latest Passport size Photograph

DECLARATION (Registered Medical Practitioner)

I shall abide by the Code of medical Ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Date : 20/03/2022

Applicant signature

NOTE:- You do not need to submit the print out of original submitted Renewal Application form to MMC office.