

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	ATMARAM
Name of Mother	:	Mrs.	CHITALE	JAYASHRI	VIVEKANAND
In Case of Married Women					
Maiden 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.

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