

**Application Form II  
( for deposition of Appropriate Fees )**

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**Date :** / /

**To**

The Registrar  
Gujarat Medical Council  
"Council House"  
Old Nursing College Building,  
Opp. M. P. Shah Cancer Hospital,  
Civil Hospital Campus,  
Asarva,  
Ahmedabad - 380 016.

**Sub.:** Issue of Certificate of Accreditation

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**Sir,**

Our Association / Institute has applied for a certificate of accreditation on dated \_\_\_\_\_. We have received an approval letter from the council with a request to deposit the appropriate fees. We will abide the rules & regulation of Gujarat Medical Council.

Please find enclosed Cheque / DD of Rs. \_\_\_\_\_ dated \_\_\_\_\_  
drawn on \_\_\_\_\_

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**Thanking you,**

**With warm regards,  
Yours truly,**

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(Name with Official Stamp)

**Please Note :**

- Application should be made on official letter head of organization /Association.
- Cheque / DD in favour of "REGISTRAR, GUJARAT MEDICAL COUNCIL"
- Soft copy to be mail to [drcnpatel@gmail.com](mailto:drcnpatel@gmail.com)