

**Application Form for "Maharashtra Medical Council Awards - 2015"  
to be filled by Organisation / Institute / Association**

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

Application No :

Registration Number with Charity Commissioner	:			
Accreditation No. of Organization/Institute/ Association (given by MMC)	:			
Name of the Organization/Institute/ Association	:			
Address	:			
Telephone No.	:		E-Mail Id	:

Details of RMP to be Nominated

MMC Registration No	:		MMC Registration Date	:	
Name of RMP	:				
Address	:		Date of Birth	:	
Email Id	:		Mobile No	:	
Registration Valid upto Date	:		Gender	:	<input type="radio"/> Male <input type="radio"/> Female

- Category :
- 1) a)  Rural .... PHC level and below  
b)  Rural Hospitals ... Taluka level and below
  - 2) a)  District level  
b)  Metro cities ...Pune, Nagpur, Mumbai and Aurangabad.
  - 3) a)  Medical Education with exemplary work (For Teachers)
  - 4) a)  NGOs / Total dedication for the masses with full time work.
  - 5) a)  Exemplary work by Sr. Doctors above 70 years.
  - 6) a)  Resident Doctors working in Medical Colleges.

We have enclosed following documents :

- 1)
- 2)
- 3)
- 4)
- 5)

We have read and understood the guidelines of the award and recommending the name after due scrutiny of RMP.

Signature and Seal

Name of Recommending President/Secretary of the Organization

Notes:

- 1) Nominating Organization/Institute/ Association will have to do the scrutiny of documents at their level for proper recommendation of one male and one female RMP.
- 2) Maximum one male and one female nomination from single organization for each category will be accepted.

Last Date for submission of application form : 30/11/2015 At 05.00 PM