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\*Mo. No. \_\_\_\_\_

(Name & Address in Capital Letter)

Date:

To,

Registrar,  
College of Physicians and Surgeons of Mumbai.  
PS House, Dr. E. Borges Road, Parel,  
Mumbai – 400 012.

Sub: - Request for renewal accepting Fellowship renewal fees.

Respected Sir,

With reference to above subject I have come to know from the notification/notice in newspaper that as per new amended by-laws its mandatory for all the fellows to pay a desired fees for renewal of fellowship after 10 years from the date of convocation and inclusion of my name with address in the electoral roll decided by the Executive Committee of College of Physicians and Surgeons of Mumbai.

I Dr. \_\_\_\_\_ have done FCPS and was awarded the

FCPS ( \_\_\_\_\_ ) certificate in Convocation ceremony / absentia in \_\_\_\_\_

Subject

Month & Year & Enrollment No.

Kindly accept my fees for renewal and acknowledge the renewal.

State Medical Council Registration No.\* \_\_\_\_\_ Email ID\* \_\_\_\_\_

Thanking you,

(Signature)

Encl.: - 1) Self-attested photocopy of convocation certificate and State Medical Council Registration Certificate.

2) Self-attested photocopy of address proof.