

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\*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 of my Fellowship.

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.

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.  
2) Self-attested photocopy of State Medical Council Registration Certificate.  
3) Self-attested photocopy of State Medical Council Registration Renewal Certificate (if Applicable).  
4) Self-attested photocopy of address proof.