

(Name & address in capital letter)

Date: _____

To,

Registrar,
College of Physicians and Surgeons of Mumbai.
CPS 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 Council 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

Mobile: _____ Tel.: _____

Email ID: _____

Kindly accept my fees for renewal and acknowledge the renewal.

Thanking you,

(Signature of Fellow)

Encl.: - 1. Self-attested photocopy of Convocation Certificate (FCPS) and State Medical Council Registration Certificate.

2. Self-attested photocopies of ID Proof (Aadhar Card).