

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

The Secretary  
Maharashtra Medical Council  
[Council's Address]  
[City, State, Zip Code]

Subject: Registration for PCMC

Dear Sir/Madam,

I am writing to request the registration for the Pune Municipal Corporation (PCMC) as [specify your profession, e.g., medical practitioner, nurse, etc.].

I have attached the necessary documents as per the guidelines for registration, including:

1. [Document 1]
2. [Document 2]
3. [Document 3]

Please let me know if any additional information or documentation is required.

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Registration Number (if applicable)]