

COMMISSION OF INQUIRY NO. 1 OF 2005
MEDICAL BOARD OF QUEENSLAND

This is the annexure marked "**MDG-24**" mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17th day of May 2005.

REGISTRATION CHECKLIST
APPLICANTS APPLYING UNDER SECTION 135
TO FILL AN AREA OF NEED
3 February 2003

Name : PATEL, JAYANT			Reg No : 1030450
Qualifications : MB BS SAURASHTRA 1973			
Completed Application form:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Fees Paid:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A Outstanding Amount: \$
Area of Need Application:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Forms 1 & 2:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Degree/Diploma Certificate:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Certificate of Good Standing:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Certified Photograph:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Proof of Identity:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
Practice Report:	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Under Investigation or conditions/undertakings in place	<input type="radio"/> Yes	<input checked="" type="radio"/> No	N/A
Area of Need Certification			
Name of Sponsor: Bundaberg Base Hospital			<i>as said before</i>
Position: SMO - Surgery			
Period requested: 1 April 2003 to 31 March 2004			
Comments:			
Dr Patel is seeking special purpose registration under Section 135 to fill an area of need at Bundaberg Base Hospital from 1 April 2003 to 31 March 2004. Queensland Health is in support.			
Administrative Officer : <i>Ainstra</i>			
RECOMMENDATION:			
<input type="checkbox"/> Recommend the abovenamed doctor be approved special purpose registration under Section 135 to fill an Area of Need at for a period of months, upon completion of registration requirements.			
<input type="checkbox"/> Supervised setting required.			
<input type="checkbox"/> The matter be referred to the Registration Advisory Committee for consideration.			
COMMENTS:			
Signed : Date:			

**THE MEDICAL BOARD OF QUEENSLAND
REGISTRATION FORM CHECK LIST**

Appropriate Box Only

Registration No **1030450**
 Receipt No. **1201287**
 Receipt Date **21-Jan-2003**
 Amount **402.00**
 Received by **MERGE**

NAME: **Patel, Jayant**

Qualifications on which Application is Based

MB BS SAURASHTRA 1973

	Yes	No	N/A		Yes	No	N/A
Degree/Diploma Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Photograph (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category of Registration:

Special Purpose - Section 135

Overseas Applicants:

Interview Arranged with: _____ Date _____ Time _____

Authorized by Phone with _____ Administrative Officer _____ Date _____

To Registration Advisory Committee on: Date _____

	Yes	No
Registration Letter Typed	<input type="checkbox"/>	<input type="checkbox"/>

Administrative Officer _____

I am satisfied that the above applicant has:

- (a) duly applied to the **Medical Board of Queensland** for registration;
- (b) complied with the provisions of the **Medical Act 1939**; and
- (c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle the applicant to be registered in the category indicated below;

and in accordance with **Section 6 of the Medical Act and Other Acts (Administration) Act 1966**, hereby grant registration hereunder.

Category of Registration _____

Registration Date ____ / ____ / ____

Authorized Person _____ Date ____ / ____ / ____