

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

This is the annexure marked "**MDG-34**" mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17<sup>th</sup> day of May 2005.

**REGISTRATION CHECKLIST**  
**APPLICANTS APPLYING UNDER SECTION 135**  
**TO FILL AN AREA OF NEED**  
**15 December 2003**

<b>Name :</b> PATEL, JAYANT	<b>Reg No:</b> 1030450
<b>Qualifications:</b> MB BS SAURASHTRA 1973	
<b>Completed Application form:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Fees Paid:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>Outstanding Amount: \$</b>
<b>Area of Need Application:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Form 1 and Form 2:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Degree/Diploma Certificate:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Certificate of Good Standing:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Performance Report:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Certified Photograph:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Under Investigation or conditions/undertakings in place</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b><u>Area of Need Certification</u></b>	
Name of Sponsor: Bundaberg Health Service District	
Position: SMO	
Period requested: 01/04/04 – 31/03/05	
<b>Comments:</b>	
Dr Patel is seeking special purpose registration under Section 135 to fill an area of need at the Bundaberg Health Service District from 1 April 2004 to 31 March 2005. Queensland Health is in support. Dr Patel has been registered since 1 April 2003.	
<b>Administrative Officer: Duncan Hill</b>	
<b>RECOMMENDATION:</b>	
<input checked="" type="checkbox"/>	Recommend the above named doctor be approved special purpose registration under Section 135 to fill an Area of Need at <u>B. Berg</u> for a period from <u>1/4/04</u> to <u>31/3/05</u> upon completion of registration requirements.
<input type="checkbox"/>	Unsupervised country relieving is not permitted.
<input type="checkbox"/>	The matter be referred to the Registration Advisory Committee for consideration.
<b>COMMENTS:</b>	
Signed : ..... <u>A Schell</u> ..... Date: ..... <u>15-12-03</u> .....	

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

Appropriate Box Only

**Registration No**      1030450  
**Receipt No.**          1240718  
**Receipt Date**        12-Dec-2003  
**Amount**                416.00  
**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 \_\_\_\_\_

Registration Letter Typed                      Yes      No  
         

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 Practitioners Registration Act 2001**; 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_