

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

This is the annexure marked "**MDG-39**" 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 RENEWAL OF REGISTRATION**  
**UNDER SECTION 135**  
**14 February 2005**

Name : PATEL, JAYANT Reg No: 1030450

Qualifications : MB BS SAURASHTRA 1973

	Yes	No	Comment
Completed Renewal form:	✓		
Fees Paid:	✓		
Area of Need Certification:	✓		
Forms 1 & 2:	✓		
Satisfactory Assessment:	✓		<i>Discussed w/ JOD                      + Dr. Fitzg. no                      action on this                      pending substantive                      info re competence                      from QNO or another                      source Due 31 March</i>
Continuing current special purpose activity as approved by the Board	✓		
Progress toward AMC or Fellowship.		✓	
Special Conditions S141		✓	

**Area of Need Certification**  
 Name of Sponsor/Employer: Bundaberg Health Service District  
 Position: Senior Medical Officer  
 Department: Surgery  
 Period requested: 1 April 2005 to 31 March 2006

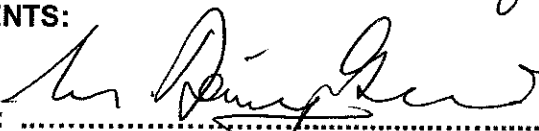
**Comments:**

**Administrative Officer : Duncan Hill**

- APPROVAL:**
- Renewal of special purpose registration under Section 135 to fill an area of need as a Senior Medical Officer in Surgery at Bundaberg Health Service District or any public hospital authorised by the Medical Superintendent on a temporary basis from 1 April 2005 to 31 March 2006.
  - Progress toward AMC or fellowship required.
  - The matter be referred to the Registration Advisory Committee for consideration.

**COMMENTS:**

*for discussion with Dr Fitzgerald*

Signed :  Date: .....

**DEPUTY REGISTRAR/EXECUTIVE OFFICER**

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

Appropriate Box Only

<b>Registration No</b>	1030450
<b>Receipt No.</b>	1281104
<b>Receipt Date</b>	09-Feb-2005
<b>Amount</b>	299.00
<b>Received by</b>	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 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorised Person \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_