



# **MEDICAL COUNCIL OF INDIA**

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077  
Phone : 011-25367033, 25367035, 25367036,  
Email : [mci@bol.net.in](mailto:mci@bol.net.in), Website : <http://www.mciindia.org>

## **APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING**

*(Please read the instructions carefully as given in Appendix-I before filling the form.)*

1. NAME OF THE DOCTOR (AS GIVEN  
IN THE INDIAN MEDICAL REGISTER)
2. FATHER'S / HUSBAND'S NAME (AS GIVEN  
IN THE STATE MEDICAL REGISTER)
3. PRESENT ADDRESS WITH CONTACT DETAILS:
4. ADDRESS WITH CONTACT DETAILS IF  
CERTIFICATE IS TO BE SENT ABROAD.
5. QUALIFICATION  
(NAME OF THE UNIVERSITY WITH YEAR)
6. NAME OF THE COLLEGE WHICH APPLICANT  
STUDIED AND QUALIFIED FROM:
7. STATE MEDICAL COUNCIL (S) WITH WHICH  
REGISTERED REGISTRATION NO. (S) AND DATE (S).
8. PLACES AT WHICH HE HAD WORKED DURING  
THE LAST FIVE YEARS WITH FULL DETAILS  
(PLEASE USE SEPARATE SHEET IF SPACE  
IS NOT SUFFICIENT).
9. **DETAILS OF PAYMENT OF FEES :**
  - (a) PAID BY CASH/DEMAND DRAFT :
  - (b) AMOUNT RUPEES :
10. **DETAILS OF DEMAND DRAFT:-**
  - (a) NAME & ADDRESS OF ISSUING BANK :
  - (b) DEMAND DRAFT NO. & DATE
  - (c) IF AMOUNT IS PAID BY CASH THEN CASH  
RECEIPT NO. AND DATE AS ISSUED BY THE  
ACCOUNT SECTION OF MCI

DATED \_\_\_\_\_  
PLACE \_\_\_\_\_

SIGNATURE OF THE CANDIDATE

**RECOMMENDATION OF THE STATE MEDICAL COUNCIL: -**

1. CERTIFIED THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCORDING TO THE RECORD AVAILABLE WITH ME.
  
2. CERTIFIED THAT DOCTOR \_\_\_\_\_ S/O \_\_\_\_\_ HOLDS CURRENT REGISTRATION WITH THIS COUNCIL AND NO DISCIPLINARY PROCEEDINGS HAD BEEN TAKEN OR WERE IN PROGRESS AGAINST HIM ON THIS DATE BY THIS COUNCIL.

REGISTRAR,  
STATE MEDICAL COUNCIL

DATED:

NOTE: THE CERTIFICATE OF GOOD STANDING ISSUED BY THE MEDICAL COUNCIL OF INDIA WILL BE **VALID UPTO SIX MONTHS FROM THE DATE OF ISSUE.**

**APPENDIX-I**

**INSTRUCTIONS TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING.**

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN.
2. THE APPLICATION IS TO BE FORWARDED TO THIS OFFICE THROUGH THE REGISTRAR OF THE STATE MEDICAL COUNCIL WITH WHOM THE PERSON CONCERNED IS REGISTERED. IN CASE HE IS REGISTERED WITH MORE THAN ONE STATE MEDICAL COUNCIL THEN HE SHOULD GIVE ALL THE REGISTRATION NUMBERS, WITH DATES AND THE NAME OF THE STATE MEDICAL COUNCILS, BUT FORWARD HIS APPLICATION THROUGH THE REGISTRAR OF ONE OF THE MEDICAL COUNCILS.
3. PLEASE ENCLOSE AN ATTESTED COPY OF THE PERMANENT REGISTRATION CERTIFICATE.
4. NON REFUNDABLE APPLICATION FEE OF RS. 2000/- (RUPEES TWO THOUSAND ONLY) BY A BANK DRAFT IN FAVOUR OF "THE SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI", PAYABLE AT NEW DELHI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -
  - (a) Name
  - (b) Father's Name
  - (c) Purpose for which the draft submitted
  - (d) Telephone No with Code/Mobile No.
5. IN CASE OF PAYMENT IS MADE IN CASH, THEN IT WILL BE MADE ONLY TO AUTHORIZED OFFICER IN ACCOUNT SECTION OF MCI AND RECEIPT OBTAINED IN DUPLICATE. ORIGINAL COPY OF RECEIPT WILL BE ATTACHED WITH THE APPLICATION AND DETAILS OF SUCH PAYMENT FILLED BY THE APPLICANT IN THE FORM. DUPLICATE COPY OF RECEIPT WILL BE RETAINED BY THE APPLICANT. NO PAYMENT WILL BE MADE IN CASH TO ANY PERSON OF MCI AT THE COUNTER OR ANY WHERE ELSE EXCEPT IN ACCOUNT SECTION.
6. IF THE CERTIFICATE HAS TO BE SENT ABROAD BY COURIER OR BY FAX TO THE FOREIGN COUNCIL/COUNTRY THEN THE FEE WOULD BE **\$100 OR EQUIVALENT** IN INDIAN CURRENCY.
7. IT IS FOR THE INFORMATION OF THE CANDIDTES THAT THE CERTIFICATES WOULD BE SENT BY REGISTERED POST/ SPEED POST.
8. PUBLIC DEALING WILL BE BETWEEN 2.00 TO 5.00 P.M., MONDAY TO FRIDAY.
9. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE

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**CHECK LIST for submission of documents**

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes.

- |    |                                                     |                              |                             |
|----|-----------------------------------------------------|------------------------------|-----------------------------|
| 1. | Application fee of Rs. 2000/-.....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Extra fee, if the certificate is to be sent abroad  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Application form .....                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Recommendation of the State Medical Council         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Attested copy of Permanent Registration Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature .....

Date .....



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### **ACKNOWLEDGEMENT**

(to be filled by the candidate)

Received Application from Ms/Mr.....

D/o / S/o Sh..... alongwith Bank Draft/DD

No..... dated..... for Rs.....

Drawn on Bank.....

for issuance of Good Standing Certificate for consideration.



Signature of Receiving Official  
with date