

	<h2 style="margin: 0;">MEDICAL COUNCIL OF INDIA</h2> <p style="margin: 0;">Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077 Phone : 011-25367033, 25367035, 25367036, Email : mci@bol.net.in, Website : http://www.mciindia.org</p>
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**APPLICATION FORM FOR PROVISIONAL/ PERMANENT REGISTRATION
FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN INSTITUTIONS)**

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

Affix
attested
front view
Colour
Photograph

Application for Registration: **Provisional** **Permanent**

1. NAME OF THE APPLICANT
(BLOCK CAPITAL LETTERS)
2. Sex: Male/ Female.
3. FATHER'S NAME
(BLOCK LETTERS)
4. DATE AND PLACE OF BIRTH
(a) AGE (AS ON 31ST DEC. OF 1ST YEAR MEDICAL COURSE). Years Months Days
5. ARE YOU A CITIZEN OF INDIA
(a) BY BIRTH OR
(b) BY DOMICILE
IF (b) STATE THE DATE OF BECOMING
INDIAN CITIZEN.
6. PERMANENT ADDRESS -----

7. PRESENT CORRESPONDENCE ADDRESS -----
(WITH PHONE NO AND EMAIL ID) -----
8. CATEGORY (GENERAL OR RESERVE i.e. SC/ST/OBC)
9. DETAILS OF EDUCATIONAL QUALIFICATIONS:-

10 TH CLASS/ MATRIC/ HIGH SCHOOL	<ul style="list-style-type: none"> • School Name & Address • Board Name & Address 	* Roll No. & result <input type="checkbox"/> Pass <input type="checkbox"/> Fail * Certificate No. & Date * Date of Passing * Marks (Obtained/Total)/..... * Percentage
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11th CLASS	<ul style="list-style-type: none"> • School Name & Address • Board Name & Address 	* Roll No. & result Pass Fail * Certificate No. & Date * Date of Joining * Date of Completion * Subjects * Marks (Obtained/Total)/.....																														
12th CLASS/ Intermediate or 10+2	<ul style="list-style-type: none"> • Board Name & Address • Roll No..... • Date of Joining • Date of Passing • School Code No. 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Subjects</th> <th style="width:10%;">Marks Total</th> <th style="width:10%;">Marks obtained</th> <th style="width:10%;">%</th> <th style="width:10%;">Result Pass/Fail</th> </tr> <tr> <td>English</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physics</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemistry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Biology</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grand TOTAL</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Subjects	Marks Total	Marks obtained	%	Result Pass/Fail	English					Physics					Chemistry					Biology					Grand TOTAL				
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English																																
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Grand TOTAL																																

10. B.Sc. or any other University Examination. (if any) as prescribed in Council’s Regulation on Graduate Medical Education,1997:

<ul style="list-style-type: none"> • College Name & Address • University <li style="text-align: center;">.....Roll No..... • Date of Joining..... Date of Passing Examination Passed..... 						
Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
Grand Total						

11. MEDICAL QUALIFICATION

Name & address of Institute	Address of SENTRALNIYA OVIR (Registration Deptt.- OVIR) (Ministry of Foreign Affairs or Interior Ministry) City.	Registration Number/ (OVIR NO.)	Valid from	Valid upto
MEDIUM OF INSTRUCTIONS/COURSE.....				

12. HAVE YOU DONE ANY PART OF YOUR MEDICAL COURSE IN INDIA, OR ANY COUNTRY OTHER THAN WHERE YOU HAVE OBTAINED MEDICAL DEGREE AS MENTIONED IN COLUMN 11 , IF YES, ITS DURATION AND LOCATION

Yes	No
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13. PASSPORT DETAILS No. Date & Place of issue
Address as on Passport
(a) Date of leaving India-----
(b) Date of returning to India-----

14. DID YOU EVER CHANGE/LOSS THE PASSPORT – DUE TO ANY REASON:-

Yes	No
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If yes, please give reason for change of passport
Previous Passport No Date & Place of Issue
Address on Previous Passport
FIR Number in respect of lost Passport

15. SCREENING TEST PARTICULARS:

- 1. Date of Passing:.....
- 2. Roll No.:.....

16. INTERNSHIP TRAINING PARTICULARS

- 1. Date of Training:.....
- 2. Institution of Training.....

17. NAME OF THE MEDICAL DEGREE/ DIPLOMA OBTAINED AND UNIV./ LICENSING BODY WITH THE YEAR OF OBTAINING THE QUALIFICATION.

18. (a) WHETHER S/HE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL QUALIFICATION REQUIRED BY THE RULES OF THE CONCERNED FOREIGN COUNTRY, GIVE DETAILS.

(b) IF NOT, THEN HAS S/HE UNDERGONE THE PRESCRIBED TRAINING IN AN APPROVED HOSPITAL IN INDIA, GIVE DETAILS.

19. WAS ANY MEDICAL COLLEGE/SCHOOL IN INDIA ATTENDED BEFORE DEPARTURE FROM INDIA, (GIVE NAMES OF PERIOD OF STUDY UNDERGONE AND EXAMINATION PASSED).

20. IF THE LANGUAGE OF STUDY IN THE COUNTRY BE OTHER THAN ENGLISH, PLEASE INDICATE IF IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR WAS STUDIED IN THAT COUNTRY.PLEASE INDICATE THE TIME TAKEN FOR THAT STUDY AND WHETHER ANY EXAMINATION WAS PASSED.

21. DO THE MEDICAL EXAMINATION (S) PASSED IPSO FACTO ENTITLE ONE TO REGISTER IN THE COUNTRY IN WHICH THEY WERE TAKEN OR A SEPARATE EXAMINATION FOR REGISTRATION HAS TO BE PASSED.
22. ARE YOU REGISTERED IN ANY FOREIGN COUNTRY? IF SO, GIVE THE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMBER AND DATE OF REGISTRATION.

23. DETAILS OF PAYMENT OF FEES :

(a) PAID BY CASH/DEMAND DRAFT :

(b) AMOUNT RUPEES :

24. DETAILS OF DEMAND DRAFT:-

(a) NAME AND ADDRESS OF ISSUING BANK: _____

(b) DEMAND DRAFT NO. _____ DATED _____

(c) IF AMOUNT IS PAID BY CASH THEN CASH RECEIPT NO. AND DATE AS ISSUED BY THE ACCOUNT SECTION OF MCI

25. EMAIL ADDRESS :

I solemnly affirm & declare that the entries made by me in the forms are correct and in the event of any of the entries being found incorrect at any period of time, I shall be held responsible in any court of Law.

DATE:

SIGNATURE OF THE APPLICANT

PLACE:

NAME OF THE APPLICANT

DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. I will practice my profession with conscience and dignity.
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honour and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.
9. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

I make these promises solemnly, freely and upon my honour.

Signature.....

Name

Place

Address

Date

(AFFIDAVIT IN THE FOLLOWING FORMAT ON NON-JUDICIAL STAMP PAPER OF RS. 10/- DULY SWORN IN AND ATTESTED BY FIRST CLASS MAGISTRATE FOR DELAY IN APPLYING FOR REGISTRATION IN CASE DELAY IS MORE THAN ONE MONTH AFTER COMPLETION OF INTERNSHIP TRAINING.)

I DR. _____ S/O SH. _____ R/O _____ DO HEREBY SOLEMNLY AFFIRM AND DECLARE

AS UNDER: -

1. THAT I WAS A STUDENT OF MBBS OR CORRECT NOMENCLATURE OF QUALIFICATION IF OTHER THAN MBBS AT _____ MEDICAL COLLEGE FROM _____ TO _____.
2. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FROM _____ TO _____.
3. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FOR ONE YEAR/ _____ (OR MORE AS THE CASE MAY BE) AT _____ (DETAILS OF HOSPITAL WITH COMPLETE ADDRESS.)
4. THAT I COULD NOT GET MYSELF REGISTERED WITH M.C.I. DUE TO _____ (SPECIFIC REASON FOR THE DELAY MUST BE SPELT OUT BY THE CANDIDATE).
5. THAT I HAVE NOT DONE ANY UNETHICAL PRACTICE AFTER COMPLETION OF MY INTERNSHIP TRAINING. HOWEVER, IF ANY COMPLAINT IS MADE AGAINST ME FOR UNETHICAL PRACTISE DURING THIS PERIOD, I SHALL BE HELD RESPONSIBLE FOR THE SAME.
6. THAT ALL THE FACTS STATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DEPONENT.

VERIFICATION:

VERIFIED AT _____ THIS _____ DAY OF _____ 2008 THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEPONENT.

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. Bank Draft for Rs.1,000/-
(Provisional) <input type="checkbox"/> | 2,000/-
(Permanent) <input type="checkbox"/> | | |
| 2. Application form | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Declaration form | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Copies of MBBS/MD ‘Physician’ degree | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Copies of Marks-sheet of ‘MBBS/M.D Physician’ Degree | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Copies of Marksheet of 12 th Class (10+2) or equivalent examination. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Copies of Pass Certificate of 12 th Class (10+2) or equivalent examination.
(<i>showing all the subjects & the name of the school</i>). | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Pass Certificate of 11 th Class or equivalent examination. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Pass Certificate of 10 th Class or equivalent examination..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate
Medical Course abroad..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Copies of Screening Test Result | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Photocopy of all the pages of all the passports showing visa the date of emigration
and immigration from and to Foreign country and India. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Two Colour photographs with front view & two signature slips..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Original Provisional Registration Certificate <i>issued by MCI/any other State</i> | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Medical Council</i> | | | |
| 16. Internship Completion Certificate showing posting in various departments trained
with specific dates issued by the Medical College/Institution Head. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. An affidavit for delay in applying for permanent registration- <i>if the delay in applying</i>
<i>for registration is more than 30days after completion of internship.</i> | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Letter from the Indian Embassy concerned that primary medical qualification as
possessed by the candidate is a recognized qualification for enrollment as medical
practitioner in the country in which the institution awarding the said qualification
is situated..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature _____

Dated _____

APPENDIX-I
INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN CAPITAL LETTERS AND SHOULD BE DULY SIGNED BY THE CANDIDATE. THE PHOTOCOPIES OF THE DOCUMENTS WHEREVER REQUIRED SHOULD BE SELF ATTESTED BY THE CANDIDATE AND ALSO BY A GAZETTED OFFICER. THE APPLICATION SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -

- (a) FOUR (4) XEROX COPIES OF
 - (i) MBBS/MD MEDICAL DEGREE CERTIFICATE .
 - (ii) XII PASS/SR. SECONDARY/INTERMEDIATE/+2 MARKSHEET AND PASS CERTIFICATE.
- (b) ONE XEROX COPY OF
 - (i) INDIAN PASSPORT.
 - (ii) X PASS/MATRICULATION CERTIFICATE.
- (c) TWO XEROX COPIES OF SCREENING TEST RESULT
- (d) INTERNSHIP COMPLETION CERTIFICATE BY THOSE WHO APPLY FOR PERMANENT REGISTRATION
- (e) ORIGINAL PROVISIONAL REGISTRATION CERTIFICATE ISSUED BY STATE MEDICAL COUNCIL/ MEDICAL COUNCIL OF INDIA BY THOSE WHO ARE APPLYING FOR PERMANENT REGISTRATION.
- (f) AN AFIDAVIT FOR DELAY IN APPLYING FOR REGISTRATION IF THE DELAY IN APPLYING FOR REGISTRATION IS MORE THAN 30 DAYS AFTER COMPLETION OF INTERNSHIP.
- (g) THREE RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS WITH FRONT VIEW - Please write name on the reverse of the photograph)
- (h) SIGNATURE ON TWO SELF ADHESIVE SLIPS PROVIDED WITH APPLICATION.
- (i) ORIGINAL 10+2 MARKSHEET BY THE APPLICANTS IN CASE THEY HAVE QUALIFIED THEIR 10+2 EXAMINATION FROM THE EDUCATION BOARDS OF THE FOLLOWING STATES:
 - (i) JAMMU & KASHMIR
 - (ii) PUNJAB
 - (iii) ANDHRA PRADESH
 - (iv) HARYANA
 - (v) RAJASTHAN
 - (vi) KARNATAKA

(THE ORIGINALS ARE REQUIRED SINCE RESPECTIVE BOARDS CONFIRM THE AUTHENTICITY OF THE CERTIFICATES ONLY UPON SUBMISSION OF ORIGINAL DOCUMENTS)

2. VERIFICATION FEE BY DEMAND DRAFT AS DETAILED BELOW BY THE CANDIDATES WHO HAVE QUALIFIED 10+2 EXAMINATIONS FROM THE EDUCATION BOARD OF THE FOLLOWING STATES AT THE TIME OF PROVISIONAL REGISTRATION ALONG WITH A XEROX COPY OF THE DRAFT:

(a) **JAMMU & KASHMIR** - Rs.460/- in favour of CHAIRMAN J & K STATE BOARD OF SCHOOL EDUCATION, payable at J&K BANK REHARI COLONY JAMMU OR LALMANDI SRINAGAR.

(b) **PUNJAB** –Rs.600/- in favour of SECRETARY, PUNJAB SCHOOL EDUCATION BOARD, Payable at MOHALI/CHANDIGARH.

(c) **ANDHRA PRADESH** – Rs.100/- in favour of Secretary, B.I.E. , A.P. , Hyderabad.

(d) **ORISSA** - Rs. 20/- in Favour of "FINANCE OFFICER, CHSE, ORISSA, BHUBANESHWAR", PAYABLE AT BHUBANESHWAR

- (e) **GOA** - Rs.100/- in favour of SECRETARY, GOA BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION, ALTO-BETIM-GOA. PAYABLE AT GOA.
- (f) **MAHARASHTRA** - Rs.200/- in favour of DIVISIONAL SECRETARY, M.S. BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION of respective DIVISIONAL BOARD.
- (g) **GUJARAT** –Rs.50/- in favour of SECRETARY, GUJARAT SEC. & HIGHER SEC. EDUCATION BOARD, Payable at GANDHINAGAR,GUJARAT.
- (h) **RAJASTHAN** –Rs.200/- in favour of BOARD OF SECONDARY EDUCATION RAJASTHAN, AJMER . PAYABLE AT AJMER.
- (i) **New Delhi** –Rs.300/- in favour of COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS,, Payable at NEW DELHI
- (j) **DHAKA BOARD, BANGLADESH** – 25/- TK Per Document PAYABLE AT _____
- (k) **JESSORE BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT _____
- (l) **RAJSHAHI BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT _____
- (m) **RAJSHAHI UNIVERSITY, BANGLADESH** – US \$15/- Per Document PAYABLE AT _____
- (n) **MEGHALAYA BOARD OF SCHOOL EDUCATION** – Rs.200/- PAYABLE AT TURA
- (o) **WESTBENGAL** - Rs.100/- in favour of WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION PAYABLE AT KOLKATA
- (p) **TAMIL NADU** – Rs.50/- in favour of Director, Directorate of Govt. Exam, payable at Chennai (From Nationalized Bank.)
- (q) **JHARKHAND** – Rs.100/- in favour of Jharkhand Academic Council, Payable at Ranchi
- (r) **CBSE BOARD AJMER** –Rs.100/- in favour of SECRETARY CBSE, Ajmer Payable at Ajmer.
- (s) **CBSE BOARD CHENNAI** –Rs.230/- in favour of SECRETARY CBSE, Chennai Payable at Chennai.
- (t) **CBSE DELHI** – Rs.100/- in favour of SECRETARY CBSE , PAYABLE AT DELHI
- (u) **CBSE GUWAHATI** – Rs.100/- in favour of SECRETARY CBSE, PAYABLE AT GUWAHATI.
- (v) **CBSE PANCHKULA** – Rs. 100/- in favour of SECRETARY CBSE, PAYABLE AT PANCHKULA
- (w) **CBSE ALLAHABAD** – Rs. 130/- in favour of SECRETARY CBSE, PAYABLE AT ALLAHABAD
- (x) **HIMACHAL PRADESH** – Rs. 200/- in favour of Secretary, HIMACHAL PRADESH SCHOOL EDUCATION BOARD, DHARAMSHALA – 176700.
- (y) **ASSAM** - Rs. 100/- in favour of Secretary, AHSEC, Guwahati – 21, payable at Guwahati.

Note: If Roll Number starts with “1” to Ajmer, “2” to Panchkula , “3” to Guwahati, “4” to Chennai, “5” to Allahabad, “6” to Delhi in case of CBSE BOARD ,.

3. FEE & MODE OF PAYMENT – A fee of **Rs. 1000/- (Rs. ONE THOUSAND ONLY) FOR PROVISIONAL REGISTRATION AND Rs.2000/- (Rs. TWO THOUSAND) FOR PERMANENT REGISTRATION** BY A BANK DRAFT IN FAVOUR OF “THE SECRETARY, MEDICAL COUNCIL OF INDIA”, 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.
 - e) IN CASE OF PAYMENT IS MADE IN CASH, 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.
4. APPLICATION MUST BE COMPLETE IN ALL RESPECTS. NO ALTERATION WILL BE ALLOWED TO BE MADE IN THE APPLICATION FORM AFTER IT HAS BEEN SUBMITTED TO THE COUNCIL
 5. IT IS FOR THE INFORMATION OF THE CANDIDATES THAT THE CERTIFICATES WOULD BE SENT BY REGISTERED POST /SPEED POST
 6. PUBLIC DEALING WILL BE BETWEEN 3.00 TO 5.00 P.M., MONDAY TO FRIDAY.
 7. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE
 8. THE APPLICANT IS REQUIRED TO BRING/SUBMIT ALL THE ORIGINAL DOCUMENTS INCLUDING ALL THE PASSPORTS AT THE TIME OF SUBMISSION OF APPLICATION



MEDICAL COUNCIL OF INDIA

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Phone : 011-25367033, 25367035, 25367036,
Email : mci@bol.net.in, Website : <http://www.mciindia.org>

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 Provisional/ Permanent Registration Certificate for Indian Nationals having
qualified from the foreign medical institutions, for consideration.



Signature of Receiving Official
with date