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, Website : http://www.mciindia.org

APPLICATION FORM
FOR INDIAN MEDICAL REGISTER CERTIFICATE
(I.M.R. CERTIFICATE)

Paste Recent Colour Photograph with name on back side of photograph

(Please read instructions 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 INDIAN MEDICAL REGISTER)

3. PRESENT ADDRESS: (WITH PHONE/MOB.NO/E-MAIL.)

4. PERMANENT ADDRESS: (AS GIVEN IN THE INDIAN MEDICAL REGISTER)

5. (a) MEDICAL COUNCIL (S) WITH WHICH REGISTERED FOR PRIMARY QUALIFICATION. REGISTRATION NO. (S) AND DATE(S)

   (b) MEDICAL COUNCIL (S) WITH WHICH REGISTERED FOR ADDITIONAL QUALIFICATION. REGISTRATION NO. (S) AND DATE(S)

6. DATE OF BIRTH & SEX:

7. DETAILS OF PAYMENT OF FEES :

(a) PAID BY CASH/DEMAND DRAFT:

(b) AMOUNT RUPEES:

8. DETAILS OF DEMAND DRAFT:-

(a) NAME & ADDRESS OF ISSUING: BANK WITH BRANCH

(b) DEMAND DRAFT NO. & DATE:

9. IF AMOUNT PAID BY CASH, THEN: CASH RECEIPT NO. & DATE AS ISSUED BY ACCOUNT SECTION OF MCI.

(SIGNATURE OF THE CANDIDATE)

DATED ----------
PLACE ----------

INSTRUCTION TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING AN INDIAN MEDICAL REGISTER CERTIFICATE.

THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -

1. FOR PRIMARY REGISTRATION A BANK DRAFT OF RS. 1000/- (RUPEES ONE THOUSAND ONLY) IN FAVOUR OF "THE SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI" PAYABLE AT NEW DELHI SHOULD BE SENT ALONGWITH THE APPLICATION (CHEQUES ARE NOT ACCEPTED). **IF, THE CERTIFICATE HAS TO BE SENT ABROAD BY COURIER THEN THE FEE WOULD BE $100 OR EQUIVALENT IN INDIAN CURRENCY.** ON REVERSE OF DRAFT FOLLOWING DETAILS WILL BE FILLED IN 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.

2. FOR EACH ADDITIONAL QUALIFICATION REGISTRATION, A FEE OF Rs 1000/- (RUPEES ONE THOUSAND ONLY) WILL BE CHARGED AND DRAFT BE MADE ACCORDINGLY

3. CASH PAYMENT IS GENERALLY NOT ACCEPTED. HOWEVER IN CASE, IT IS MADE IN CASH THEN IT WILL BE MADE ONLY TO AUTHORISED OFFICER IN ACCOUNTS 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 APPLICANT IN THE FORM. DUPLICATE COPY OF CASH RECEIPT WILL BE RETAINED BY THE APPLICANT. NO PAYMENT WILL BE MADE IN CASH TO ANY PERSON OF MCI AT THE COUNTER, OR ANYWHERE ELSE EXCEPT IN ACCOUNT SECTION.

4. AN ATTESTED COPY OF PERMANENT REGISTRATION CERTIFICATE.

5. ONE ADDITIONAL RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS (FRONT VIEW) ALONGWITH SIGNATURE ON REVERSE OF PHOTO.

6. RECEIPT DULY FILLED AND SIGNED BY THE RECEIVING OFFICER WILL BE OBTAINED BY THE APPLICANT FOR FUTURE REFERENCE.

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. Check list ……..	Yes	No
2. Bank Draft for Rs. 1000/-…….	Yes	No
3. Application form ……..	Yes	No
4. Attested zerox copy of permanent Registration certificate (MBBS/MS/ MD/DM/M.Ch/DNB etc.)…….	Yes	No
5. Two Colour photographs(one paste on application and other attach with signature on back side of photograph)…..	Yes	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 I.M.R. Certificate for consideration.

OFFICIAL SEAL

Signature of Receiving Official
with date