

	<h1 style="text-align: center;">MEDICAL COUNCIL OF INDIA</h1> <p style="text-align: center;">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>
---	--

APPLICATION FORM FOR PROVISIONAL/ PERMANENT REGISTRATION
FOR INDIAN NATIONALS HAVING QUALIFIED FROM
THE MEDICAL INSTITUTIONS IN INDIA RECOGNIZED BY
MEDICAL COUNCIL OF INDIA

Affix
attested
front view
Colour
Photograph

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

Application for Registration: Provisional Permanent

- | | | |
|--|-----------|--------------|
| | (SURNAME) | (FIRST NAME) |
|--|-----------|--------------|
1. NAME OF THE APPLICANT
(IN BLOCK LETTERS)
 2. SEX: MALE/FEMALE
 3. FATHER'S NAME (FULL)
 4. DATE & PLACE OF BIRTH
 5. IS HE/SHE A CITIZEN OF INDIA

(A) BY BIRTH (B) DOMICILE

IF SO, STATE THE DATE OF
BECOMING INDIAN CITIZEN.
 6. PRELIMINARY EDUCATION (FULL
PARTICULARS OF MATRICULATION
OR EQUIVALENT EXAMINATION
PASSED WITH NAME OF THE
EXAMINING BODY AND WITH THE
YEAR OF OBTAINING)
 7. DATE OF PASSING 12TH CLASS INTER-SCIENCE
/HIGHER SECONDARY OR EQUIVALENT
EXAMINATION WITH THE NAME OF
THE UNIVERSITY.
 8. NAME OF THE MEDICAL SCHOOL/
COLLEGE ATTENDED WITH THE
DATE OF JOINING AND LEAVING.
 9. NAME OF THE MEDICAL DEGREE/DIPLOMA
OBTAINED AND UNIVERSITY/LICENSING
BODY WITH THE MONTH AND YEAR OF
OBTAINING THE QUALIFICATION.

10. WHETHER HE/SHE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL DEGREE/DIPLOMA AS AN INTERNEE IN A HOSPITAL.

IF SO, WHETHER THE HOSPITAL OR INSTITUTE WHERE SUCH TRAINING WAS OBTAINED IS RECOGNISED EITHER BY THE COUNCIL OR THE MEDICAL SCHOOL/COLLEGE CONCERNED. (GIVE FULL DETAILS OF THE HOSPITAL/INSTITUTION).

11. DETAILS OF PAYMENT OF FEES :

(a) PAID BY CASH/DEMAND DRAFT :

(b) AMOUNT PAID :

12. DETAILS OF DEMAND DRAFT:-

(a) NAME & 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

13. IS HE/SHE REGISTERED WITH ANY STATE MEDICAL COUNCIL THE NAME OF BODY WITH WHICH REGISTERED NUMBER AND DATE OF REGISTRATION.

15. PRESENT OCCUPATION AND ADDRESS:
(IN BLOCK LETTERS)

16. PERMANENT ADDRESS
(IN BLOCK LETTERS)

17. EMAIL ADDRESS :

SIGNATURE OF APPLICANT.

DATED: _____

PLACE: _____

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 ATTEST 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 _____ 1997 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/- | <input type="text"/> | 2,000/- | <input type="text"/> | | |
| | (Provisional) | | (Permanent) | | |
| 2. Application form | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. A degree or diploma in original or Provisional Certificate from the University or
Dean of the Medical College having passed MBBS..... | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 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 |
| 5. Original Provisional Registration Certificate <i>issued by MCI/any other State</i> | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Medical Council</i> | | | | | |
| 6. Pass Certificate of 10 th Class or equivalent examination..... | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. An affidavit for delay in applying for permanent registration- <i>if the delay in applying
for registration is more than 30days after completion of internship.</i> | | | | <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) 10TH PASS MATRICULATION CERTIFICATE FOR VERIFYING THE DATE OF BIRTH.
- (b) IN CASE OF PROVISIONAL REGISTRATION/ PROVISIONAL CERTIFICATE OF HAVING PASSED THE MBBS EXAMINATION ISSUED BY THE DEAN OF THE COLLEGE OR THE UNIVERSITY IN ORIGINAL ALONGWITH ATTESTED COPIES THERE-OF-MAY BE SUBMITTED ALONGWITH THIS APPLICATION. THE ORIGINALS WILL BE RETURNED ALONGWITH THE REGISTRATION CERTIFICATE.
- (c) DEGREE OR DIPLOMA IN ORIGINAL OR PROVISIONAL CERTIFICATE FROM THE UNIVERSITY/OR DEAN OF THE COLLEGE THAT THE APPLICANT IS ELIGIBLE FOR THE AWARD OF THE DEGREE ALONGWITH ATTESTED COPIES THERE OF MAY BE SUBMITTED ALONGWITH REGISTRATION CERTIFICATE.
- (d) DULY ATTESTED COPY OF THE CERTIFICATE OF PRACTICAL TRAINING. (COMPULSORY ROTATORY INTERNSHIP) ISSUED BY THE DEAN OF THE COLLEGE.
- (e) PROVISIONAL REGISTRATION CERTIFICATE IN ORIGINAL.
- (f) TWO RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS FRONT VIEW. (WRITE NAME ON REVERSE)
- (g) SIGNATURE ON TWO SELF-ADHESIVE SLIPS PROVIDED WITH APPLICATION.
- (h) 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 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.

(i) 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.

2. FOLLOWING ADDITIONAL DOCUMENTS AND FEE ARE REQUIRED TO BE SUBMITTED **IN CASE DELAY FOR REGISTRATION IS MORE THAN ONE YEAR:-**

- a) GOOD CONDUCT CERTIFICATE FROM THE STATE MEDICAL COUNCIL UNDER THE JURISDICTION OF WHICH THE CANDIDATE HAS BEEN PRACTISING, TO THE EFFECT THAT HE HAS NOT DONE ANY UNETHICAL ACT.
- b) AN AFFIDAVIT AS PER FORMAT DULY ATTESTED BY A FIRST CLASS MEGISTRATE.

- c) A CERTIFICATE OF BONAFIDE AND GOOD CONDUCT FROM THE EMPLOYER, IF EMPLOYED OR A CERTIFICATE FROM A PERSON OF REPUTE/GAZETTED OFFICER, IF NOT IN EMPLOYMENT.
 - d) **A NON-REFUNDABLE LATE FEE OF RS. 5000/- BY BANK DRAFT**; PAYABLE TO THE COUNCIL IN FAVOUR OF "THE SECRETARY MEDICAL COUNCIL OF INDIA, NEW DELHI" PAYABLE AT NEW DELHI IF THE DELAY IS MORE THAN ONE YEAR & UPTO 5 YEARS. NO LATE FEE FOR DELAYS OF LESS THAN ONE YEAR.
 - e) ADDITIONAL NON-REFUNDABLE LATE FEE OF RS. 1000/- PER YEAR IS TO BE PAID IF THE DELAY IS MORE THAN 5 YEARS.
3. THOSE WHO ARE ALREADY REGISTERED WITH STATE MEDICAL COUNCIL, THERE IS NO NEED OF RE-REGISTRATION WITH MEDICAL COUNCIL OF INDIA.
 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



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>

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
medical institutions in India recognized by MCI, for consideration.



Signature of Receiving Official
with date