



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 REGISTRATION OF ADDITIONAL QUALIFICATION/S** **U/S 26(1) OF THE INDIAN MEDICAL COUNCIL ACT, 1956**

(Please read the instructions carefully before filling the form)

Affix
attested
front view
Colour
Photograph

1. NAME OF THE DOCTOR :
2. FATHER'S / HUSBAND'S NAME :
(As given in the Indian Medical Register)
3. ADDRESS AS GIVEN IN THE :
INDIAN MEDICAL REGISTER
4. PRESENT ADDRESS IN BLOCK :
CAPITALS WITH PINCODE &
PHONE NO.
5. PERMANENT ADDRESS IN BLOCK :
CAPITALS WITH PINCODE &
PHONE NO.
6. QUALIFICATION :
 - (a) PRIMARY QUALIFICATION :
(i. e. 'M.B.B.S.' OR EQUIVALENT)
WITH YEAR OF OBTAINING.
 - (b) NAME & ADDRESS OF COLLEGE/ :
INSTITUTE ATTENDED FOR THE SAME
ALONGWITH DURATION OF COURSE.
 - (c) DATE OF COMPLETION OF INTERNSHIP.:
 - (d) UNIVERSITY AWARDDING :
THE QUALIFICATION.
7. NAME OF THE STATE MEDICAL :
COUNCIL WITH WHICH REGISTERED.
 - (a) REGISTRATION NUMBER (AS IT :
APPEARS ON THE REGISTRATION
CERTIFICATE).
 - (b) DATE OF REGISTRATION :

8. DETAILS OF PAYMENT OF FEES :

(a) PAID BY CASH/DEMAND DRAFT :

(b) AMOUNT RUPEES :

9. 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 :

10. ADDITIONAL QUALIFICATION FOR :
WHICH CERTIFICATE IS REQUESTED
WITH DOCUMENTARY PROOF.

DETAILS TO BE FURNISHED IN THE TABLE GIVEN AS UNDER (PLEASE DO NOT FILL THE
REMARKS COLUMN)

Qualification	College Attended	University	Date Of Qualification	Remarks R/NR Etc.

11. EMAIL ADDRESS :

DECLARATION

I SOLEMNLY AFFIRM & DECLARE THAT THE ABOVE ENTRIES MADE BY ME ARE
CORRECT.

DATE:

SIGNATURE OF THE CANDIDATE

PLACE:

INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -
 - a) AN ATTESTED COPY OF THE DEGREES/DIPLOMAS OR PROVISIONAL CERTIFICATE OF POSTGRADUATE QUALIFICATION ISSUED BY THE PRINCIPAL/DEAN OF THE COLLEGE OR UNIVERSITY CONCERNED, AS SHOWN AT SR. '10' OF THE APPLICATION FORM.
 - b) A COPY OF PERMANENT REIGISTRATION CERTIFICATE ISSUED BY THE MCI/ STATE MEDICAL COUNCIL.
 - c) TWO RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS FRONT VIEW & TWO ADHESIVE SLIPS WITH SIGNATURE.
 - d) **BANK DRAFT OF RS. 1000/- (RUPEES ONE THOUSAND ONLY) FOR EACH ADDITIONAL QUALIFICATION** 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: -
 - i. Name
 - ii. Father’s Name
 - iii. Purpose for which the draft submitted
 - iv. Telephone No with Code/Mobile No.
 - v. 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.
2. THOSE WHO ARE ALREADY REGISTERED THEIR ADDITIONAL QUALIFICATION WITH STATE MEDICAL COUNCIL THEN THERE IS NO NEED FOR RE-REGISTRATION WITH MCI.
3. THE CERTIFICATE WILL BE ISSUED ONLY TO THOSE WHO POSSESS A REGISTRABLE BASIC MEDICAL QUALIFICATION AND SUBSEQUENTLY HAVE OBTAINED RECOGNIZED POSTGRADUATE MEDICAL QUALIFICATION(S) AS PER THE PROVISIONS OF THE I.M.C. ACT, 1956.
4. PUBLIC DEALING WILL BE BETWEEN 3.00 P.M. TO 5.00 P.M., MONDAY TO FRIDAY.
5. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT 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. Bank Draft:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Application form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Copy of PG/Degree/Diploma certificate from College /University	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Copy of Permanent Registration Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Two Colour photograph with front view and two signature slips...	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Two Signature Self adhesive slips	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature _____

Dated _____

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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 Additional Qualification Registration Certificate u/s 26(1), for consideration.



Signature of Receiving Official
with date