

MEDICAL COUNCIL OF INDIA

APPLICATION FORM FOR PERMANENT REGISTRATION FOR INDIAN NATIONALS / OCI REGISTERED IN AUSTRALIA, CANADA, NEW ZEALAND, UK & USA

(Kindly read the instructions carefully as given in Appendix-I before filling the form, in CAPITAL LETTERS in blue/black ball point pen only)

Affix attested
front view
Colour
Photograph

1. Name of the Applicant as it appears in the latest Postgraduate certificate (Initials not allowed):

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2. Father's Name:

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3. Sex: Male Female

4. Date of Birth: DD MM YYYY

5. Place of Birth:

6. Age (as on 31st Dec. of 1st year medical course): Years Months Days

7. Are you a Citizen of India/Overseas Citizen of India(OCI):

(a) BY BIRTH (b) BY DOMICILE (c) OCI

IF (b) STATE THE DATE OF BECOMING INDIAN CITIZEN DD MM YYYY

8. PERMANENT ADDRESS WITH PIN CODE:

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9. PRESENT CORRESPONDENCE ADDRESS WITH PIN CODE:

(If the permanent address is same as the present address write "SAME" only)

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PHONE/MOBILE NO.:

E-MAIL ID

10. CATEGORY (GENERAL OR RESERVE i.e. SC/ST/OBC)

11. **MEDICAL QUALIFICATION DETAILS:**

| MEDICAL DEGREE / DIPLOMA OBTAINED | NAME & ADDRESS OF THE MEDICAL COLLEGE & UNIVERSITY | DATE OF ADMISSION IN COURSE | DATE OF PASSING THE COURSE |
|-----------------------------------|--|-----------------------------|----------------------------|
| <u>GRADUATION</u> | | | |
| <u>POST GRADUATION</u> | | | |
| <u>SUPER SPECIALITY</u> | | | |
| <u>OTHER, IF ANY</u> | | | |

12. **REGISTRATION DETAILS:**

| NAME OF MEDICAL COUNCIL WITH COMPLETE ADDRESS, PHONE NO., E-MAIL ETC. | REGISTRATION NO. | VALID FROM | VALID UPTO |
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| | | | |

13. **GOOD STANDING CERTIFICATE DETAILS:**

| NAME OF MEDICAL COUNCIL WITH COMPLETE ADDRESS, PHONE NO., E-MAIL ETC. | LICENSE/ REGISTRATION NO. | DATE OF REGISTRATION OF BASIC MEDICAL QUALIFICATION | DATE OF REGISTRATION OF ADDITIONAL QUALIFICATION (PG/SUPER SPECIALITY/ OTHER, IF ANY) | DATE OF ISSUE |
|---|---------------------------|---|---|---------------|
| | | | | |

14. **DETAILS OF PAYMENT OF FEES:**

| | | | |
|----------------------|----------------------|----------------------|------------------------------|
| Fee Amount Rs. | D.D. | D.D. No. | Date of Issue of D.D Receipt |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

FORMAT OF AFFIDAVIT (DULY NOTARIZED) TO BE SUBMITTED ON NON JUDICIAL STAMP PAPER OF RS. 10/- BY THE APPLICANT, SEEKING PERMANENT REGISTRATION AT THE MEDICAL COUNCIL OF INDIA, WHO HAVE SECURED BOTH GRADUATE AND POST GRADUATE QUALIFICATIONS, RECOGNIZED FOR PRACTICING MODERN MEDICINE FROM AUSTRALIA, CANADA, NEW ZEALAND, UNITED KINGDOM & UNITED STATES OF AMERICA.

I, Dr. _____ son/daughter of _____ permanent resident of _____ currently residing at _____ do hereby solemnly affirm and declare as under:

- I. I have successfully secured graduate medical qualification namely _____ from _____ (name of University / Institution) situated at _____ (place) in _____ (Country) in year _____.
- II. I have successfully secured postgraduate medical qualification namely _____ from _____ University / Institution situated at _____ (place) in _____ (Country) in year _____.
- III. I say that I have secured undergraduate and postgraduate medical qualifications from _____ (Australia / Canada / New Zealand / United Kingdom / United States of America) and the qualifications obtained by me are recognized medical qualifications for medical practitioner in the country from where I have obtained these qualifications.
- IV. I have been registered with the Medical Council of _____ (name of the Country) bearing Registration No. _____, registered in year _____ and I have not been held guilty of professional misconduct.
- V. I have also secured Good Standing Certificate issued by the Medical Council of _____ (name of Country) bearing no. _____ dated _____.

OR

I have requested the Medical Council of _____ (name of Country) to get a Good Standing Certificate in my favour. As per the Rules and Regulations of the Medical Council of _____ (name of Country) the Good Standing Certificates are not issued directly to the applicant. It is sent directly to the concerned Medical Council.

**{Strike of whichever is not applicable}*

- VI. I say that I am/was covered by Medical Malpractice Insurance bearing Policy No. _____ from _____ (Name and address of the Insurance Company). I am covered/not covered by Medical Malpractice Insurance for my practice in India.
- VII. I say that the degree certificates / documents submitted along with the application for my registration are true and correct copies of respective originals.
- VIII. I say that I have not made any false declaration about my qualifications and none of the certificates/documents submitted by me is/are false or fake.
- IX. I say that Medical Council of India shall be at liberty to cancel my registration and take all such measure permissible in law including but not limited to filing of a criminal case for offence of perjury if it comes to the knowledge or discovered on its own or on verification at any stage by Medical Council of India that the declaration/information made herein above is false or certificates / documents submitted along with the application is/are fake.

Deponent

Verified on this day _____ at _____ that the contents of above affidavit is true and correct to my knowledge and nothing material has been concealed therefrom.

Deponent

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. THE APPLICATION SHOULD BE SUBMITTED ALONG WITH THE TWO XEROX COPIES OF THE FOLLOWING DOCUMENTS: -

- a) PRIMARY MEDICAL QUALIFICATION DEGREE CERTIFICATE
- b) ALL POSTGRADUATE MEDICAL DEGREE CERTIFICATE/S
- c) REGISTRATION CERTIFICATE
- d) GOOD STANDING CERTIFICATE

NOTE: THE ABOVE CITED DOCUMENTS SHOULD BE DULY AUTHENTICATED BY THE COMPETENT MEDICAL REGULATORY BODY OF THE CONCERNED COUNTRY & DULY ENDORSED BY INDIAN EMBASSY/HIGH COMMISSION IN THE CONCERNED COUNTRY.

- e) TWO ATTESTED COPIES OF PASSPORT
- f) AN AFFIDAVIT OF DECLARATION REGARDING DOCUMENTS PROVIDED AND CREDENTIALS (link)
- 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.

2. **FEE & MODE OF PAYMENT: A FEE OF Rs. 20,000/-** BY A BANK DRAFT ONLY 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 DUTY SIGNED:-

- a) NAME
- b) FATHER'S NAME
- c) PURPOSE FOR WHICH THE DRAFT SUBMITTED
- d) TELEPHONE NO. WITH CODE/MOBILE NO.

- 3. 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
- 4. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE.
- 5. THE CERTIFICATE WOULD BE SENT BY REGISTERED POST / SPEED POST.
- 6. PUBLIC DEALING WILL BE BETWEEN **11.00 A.M TO 1.00 P.M.**, ON WORKING DAY'S (MONDAY TO FRIDAY).



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
Permanent Registration Certificate to Indian Nationals / OCI, registered in UK, USA, NEW
ZEALAND, AUSTRALIA, CANADA, for consideration.



Signature of Receiving Official
with date