

	<h1 style="margin: 0;">MEDICAL COUNCIL OF INDIA</h1> <p style="margin: 5px 0;">Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077                  Phone : 011-25367033, 25367035, 25367036,                  Email : <a href="mailto:mci@bol.net.in">mci@bol.net.in</a>, Website : <a href="http://www.mciindia.org">http://www.mciindia.org</a></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  
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 31<sup>ST</sup> DEC. OF 1<sup>ST</sup> 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) -----
8. CATEGORY (GENERAL OR RESERVE i.e. SC/ST/OBC)
9. DETAILS OF EDUCATIONAL QUALIFICATIONS:-

10 <sup>TH</sup> CLASS/ MATRIC/ HIGH SCHOOL	<ul style="list-style-type: none"> <li>• School Name &amp; Address ..... .....</li> <li>• Board Name &amp; Address ..... .....</li> </ul>	* 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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11 <sup>th</sup> CLASS	<ul style="list-style-type: none"> <li>• School Name &amp; Address ..... .....</li> <li>• Board Name &amp; Address ..... .....</li> </ul>	* Roll No. & result ..... <span style="border: 1px solid black; padding: 2px;">Pass</span> <span style="border: 1px solid black; padding: 2px;">Fail</span> * Certificate No. & Date ..... * Date of Joining ..... * Date of Completion ..... * Subjects ..... * Marks (Obtained/Total) ...../.....																														
12 <sup>th</sup> CLASS/ Intermediate or 10+2	<ul style="list-style-type: none"> <li>• Board Name &amp; Address .....</li> <li>• Roll No.....</li> <li>• Date of Joining .....</li> <li>• Date of Passing .....</li> <li>• School Code No. ....</li> </ul>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Subjects</th> <th style="width:15%;">Marks Total</th> <th style="width:15%;">Marks obtained</th> <th style="width:15%;">%</th> <th style="width:15%;">Result Pass/Fail</th> </tr> </thead> <tbody> <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> </tbody> </table>	Subjects	Marks Total	Marks obtained	%	Result Pass/Fail	English					Physics					Chemistry					Biology					Grand TOTAL				
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Biology																																
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10. HAVE YOU DONE B.Sc. - Yes No

IF YES, PLEASE GIVE DETAILS OF EXAMINATION – SUBJECTS, MARKS, ROLL NO. & YEAR ETC.

.....

11. MEDICAL QUALIFICATION (ATTACH PROOF YEAR-WISE): -

	Name 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
Preparatory Course (PATFAK)					
1 <sup>st</sup> Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
4 <sup>th</sup> Year					
5 <sup>th</sup> Year					
6 <sup>th</sup> Year					

MEDIUM OF INSTRUCTIONS/COURSE.....

12. DID YOU CHANGE THE INSTITUTION OF TRAINING DURING MEDICAL COURSE—  Yes  No  
 If yes, please give reason & details with proof (year-wise).....  
 .....

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  
 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

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/-	<input type="text"/>	2,000/-	<input type="text"/>		
	(Provisional)		(Permanent)		
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 <sup>th</sup> Class (10+2) or equivalent examination. ....				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Copies of Pass Certificate of 12 <sup>th</sup> Class (10+2) or equivalent examination. .... <i>(showing all the subjects &amp; the name of the school).</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Pass Certificate of 11 <sup>th</sup> Class or equivalent examination. ....				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Pass Certificate of 10 <sup>th</sup> 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 the Passport – .....				<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Two 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. ....				<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

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 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	(iv) HARYANA
(ii) PUNJAB	(v) RAJASTHAN
(iii) ANDHRA PRADESH	(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:
  - (a) **JAMMU & KASHMIR** - Rs.400/- 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.200/- 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. 10/- 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.25/- in favour of SECRETARY, GUJARAT SEC. & HIGHER SEC. EDUCATION BOARD, Payable at GANDHINAGAR,GUJARAT.
- (h) **RAJASTHAN** –Rs.100/- 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) **CBSE BOARD AJMER** –Rs.100/- in favour of SECRETARY CBSE, Ajmer Payable at Ajmer.
- (k) **CBSE BOARD CHENNAI** –Rs.125/- in favour of SECRETARY CBSE, Chennai Payable at Chennai.
- (l) **DHAKA BOARD, BANGLADESH** – 25/- TK Per Document PAYABLE AT \_\_\_\_\_
- (m) **JESSORE BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT \_\_\_\_\_
- (n) **RAJSHAHI BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT \_\_\_\_\_
- (o) **RAJSHAHI UNIVERSITY, BANGLADESH** – US \$10/- Per Document PAYABLE AT \_\_\_\_\_
- (p) **MEGHALAYA BOARD OF SCHOOL EDUCATION** – Rs.200/- PAYABLE AT TURA
- (q) **WESTBENGAL** - Rs.50/- PAYABLE AT KOLKATA
- (r) **CBSE DELHI** – Rs.100/- PAYABLE AT DELHI
- (s) **CBSE GUWAHATI** – Rs.100/- IN FAVOUR OF REGIONAL OFFICER ,CBSE , PAYABLE AT GUWAHATI.

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 2.00 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 foreign medical institutions, for consideration.



Signature of Receiving Official  
with date